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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*On the Medical Theories of the Last Century.* By S. HANBURY SMITH, M. D., Superintendent of the Ohio Lunatic Asylum.

Retrospection, although so useful, is yet at the same time so neglected a proceeding, that it commonly affords much real information, and its results often burst upon one with all the charm of novelty. Bearing this in mind, the readers of this Journal are herewith offered for their perusal a sketch, or mere outline, of the different theories of life, health, and disease, which have by turns influenced the world of medicine for the last hundred years; sometimes blindly adopted by *all* the schools, sometimes proving apples of discord among them; always much alloyed with error, and even exercising a most deleterious influence on practice; often containing the germs of truth.

About the middle of the eighteenth century, a man who has since deservedly borne the title of great—Albrecht von Haller, the father of modern physiology—discovered that most wonderful of vital endowments, *irritability*, a discovery which gave to *solidism* a tremendous impulse.

Glisson—after whom is named "the capsule of Glisson," which is to the liver what the pia mater is to the brain—had already promulgated the theory, that matter in general was endowed with life and sensibility, and argued the presence of a fundamental attribute which he called *irritability*, and which he supposed to be inherent not only in the fibrous tissues, but also in the blood, in the parenchyma of organs, the marrow, and even in the bones themselves. He moreover imagined this quality as causing a power of perception and desire in parts endowed with it, and considered it as the origin of the sympathies.

Influenced by Glisson, or perhaps Liebnitz, Fr. Hoffman had attributed all vital movements to the "solidum vivum"—the *living solid.* He assumed, that what he called the *moving fibre*, was possessed of a certain degree of action or tone, constituting its natural state, and necessary to the due performance of its functions. If this tone were increased, by the influence of external circumstances, beyond a certain limit, *spasm—disease*—was the result; if diminished below par, then the contrary state, *atony*, obtained.

To Haller, however, is due the merit of first confining the idea of irritability to the sphere of muscularity—of defining it to be the property of muscle and the source of all muscular action. It may now seem as extravagant as will some favorite ideas of our times a hundred years hence, but Haller absolutely went the length of believing and advancing that this irritability was confined to the *gluten* of such tissues as exhibited the property. In proof of his industry and caution, it stands recorded that he had carefully conducted one hundred and ninety experiments, before he ventured to bring the results he had arrived at before the Society of Gœttingen, on the occasion when he demonstrated that *irritability* was a property as distinct from common *elasticity* as it was from *sensibility*, which latter he considered as belonging to the nervous system exclusively.

This theory of irritability was immediately taken up by the schools, and did much to prevent the adoption of that general view which regards vital phenomena as the result of the action of one power—*life*,—making itself apparent in many subordinate yet integral forms. Besides, it led to that separation of the abstract power from the thing of which it is an inherent property; a proceeding contrary to all true philosophy, and which, even to this day, is the great stumbling-block of physiology, indeed of the natural sciences in general.

Time, however, rolls on, and the human mind is not stationary. *Nervous influence* once more got the upper hand, and strange were the hypotheses framed with regard to its origin. Sylvius, for example, contended that the vital influence was *distilled* in the brain, according to chemical laws; Baglivi and Pacchioni believed that it was *squeezed out* mechanically, by the contractions of that organ. Then appeared on the stage of physiological speculation Hoffman's *vital ether*, an indescribably subtle, invisible fluid, omnipresent in the body and members, *secreted* by the brain, and streaming out from that organ in every direction through the nervous fibrils. Moreover, Hoffman imagined that every particle of this ether was pregnant or ani-

mate with an idea of the whole organism which enabled it to preserve the body whole and intact, by means of its feelings and movements; —one explanation of the modus operandi of the so-called *vis medicatrix naturæ*. (May we not truly say of Hoffman's speculations, that they are rays of light proceeding from truths rising, yet still below the horizon which bounds the sea of knowledge?)

Hoffman was followed by Boerhaave, the great professor of Leyden, whose world-wide fame was such, that a Chinese Mandarin directed a letter to "Boerhaave in Europe." Boerhaave lived in an age of investigation, not authority; hence his favorite "*enormon*"—only Hoffman's vital ether done into Greek—soon shared the same fate with its prototype, as did also Stahl's *tonus*. To Stahl belongs the great merit of having first clearly peceived, and decisively established, the important truth, that the operations of the animal economy cannot be wholly explained according to the laws of chemistry and mechanics; but he was unable to build up a satisfactory theory on the ruins of those which he demolished.

Unger, who died in 1799, advanced that the *nervous power* "by which the animal powers communicated with the mechanical," as he expressed himself, came from the brain, which was filled with the "spirits of life," and that this nervous power played the principal part in the production of the phenomena of life.

The brain and nerves thus came by degrees to be considered as the sole directors and commanders of all vital processes in the organism, which view, in its greatest development as well as one-sidedness, is to be found, in extenso, in the famous system of Cullen.

The great professor of Edinburgh adopted Hoffman's ideas, but confined his *solidum vivum* to the brain and nerves, in which he conceived that a peculiar vital principle existed, residing in, or a quality of, the nervous fluid or ether, (thus confessing himself in reality a humoralist); and in addition, he contended that the brain possessed the power of originating motion. Thus his principles are, that all diseases proceed from the nervous system, which re-acts against external stimuli: these stimuli are either exciting or depressing. Fever, when the reaction was powerful, he called synocha; when weak, typhus; neither powerful nor weak, synochus.

Thus did the one-sided views characteristic of all human knowledge, after wandering hither and thither in the pathless realms of speculative medical philosophy, become more and more materialistic

at every step, until the medical world was prepared eagerly to adopt the astounding theories of Brown.

As parallel observations, it may be observed, that in the mean time Stoll, of Vienna, who died in 1787, gave authority to the idea that fevers are caused by bile, mucus, worms, or other injurious matters detained in the first passages, and which could only be got rid of by emetics. Carrying out this idea, almost all diseases were explained as proceeding from what the Germans call *gastricism*, and were supposed to require the remedies above mentioned. About the same time, Kæmpf produced his theory of *infarctus*, according to which the tough and slimy excrementitious matters, technically called infarctus, are produced by the supposed thickening of the blood in the abdominal venous system, particularly the portal portion of it, and the stagnation of the lymph in the lymphatics and glands. This theory, like the rest, would have been harmlessly amusing had it not like them exerted a most deleterious influence on practice—namely, led to the frequent employment of de-obstruent and resolvent enemata, sometimes for years continuously, in order to get rid of those matters of whose production they were in fact the very cause.

After Kæmpf, Christ Ludwig Hoffman, who died in 1807, published his system of humoral pathology, according to which all diseases were caused by a putrefaction of the fluids, causiug irritation by the influence of these latter on the solids. The blood he considered as the common and constant source of the putrefactive materials, believing that if these matters were not eliminated by the appropriate channels, fevers, influenzas, and other diseases, would of necessity follow.

About this time chemistry began to astonish the world with the one brilliant discovery after the other; and in spite of the warning voice of the great arch-druid of the science, Fourcroy, medical philosophers would speculate on life as a product of chemical changes. (It may be here observed, that even so recently as 1795, Reil, one of Germany's most respected teachers and renowned practical physicians, considered life to be a product of *form* and *mixture!*)

The antiphlogistic school was now developed in England, where Mitchell propounded the doctrine that combinations of oxygen and nitrogen were the cause of all diseases. This theory first led to the employment of the inhalation of gases in medicine, and, thanks to it, the mineral acids won new laurels in the treatment of fevers and of syphilitic affections. In the former class of diseases they were

originally given by Reich, of Berlin, because he supposed fevers to be caused by a diminution of the oxygen, and an increase of phlogistic material in the system.

Did time permit, we might here dwell upon the wondrous discoveries of a Galvani, a Volta, a Franklin, or a Cavallo, which were not without their influence on the medical theories of the age, as is shown by the use of the electrical imponderables in the treatment of disease so soon after their discovery.

While Cullen was carving his name on the tablets of the history of medicine, a poor boy came to Edinburgh to study theology, and while employed in translating medical theses into Latin for the graduating class, in order to eke out his scanty means, he took a particular fancy to the study of medicine; and Cullen having taken a particular fancy to him, received him into his family as tutor to his sons. Not content with his position, however, Brown—for of him we write—started a school of his own, which, after a struggle of a few years, ended in bankruptcy. He now sought a professor's chair in the University of Edinburgh, but in vain; for the opposition of Cullen, now become his bitterest enemy, together with his own dissipated habits and habitual scurrility, completely frustrated all his efforts. Enraged and embittered at being thus foiled, he again lectured to a private class, and now first broached a new system of medical philosophy, destined to create a stir in the world of physic, of which its author, vain as he was, and *who only invented it to spite Cullen*, never dreamed. Pecuniary difficulties, however, soon induced Brown to quit Edinburgh for London, where he shortly died in poverty, at the age of fifty-three, of apoplexy brought on by drinking, and the excessive use of opium. This outline of his life and habits—though necessarily most meager—with a knowledge of the condition of the European mind at the time, will abundantly explain what followed. We must remember that the doctrines of Brown first began to spread after his own death; the French revolution was at its height; it was a period of complete unsettlement of old ideas—a period when to avow a belief in those truths, both before and since held most sacred, was almost to expose one's self to derision.

In his Elementa Medicinæ, Brown's fundamental axiom was that life is *a forced state, only sustained by the action of external agents on the organism*, every part of which was endowed at the commencement of existence with a certain amount of excitability. Among external agents, Brown even reckoned the blood and other fluids of

the body. As life and health depended, according to him, upon the normal action of such external agents, or *stimuli*, as he called them, so disease was supposed to be the consequence of excess or deficiency of excitation; the diseases characterized by the former being termed *sthenic;* by the latter, *asthenic.* The debility in the last, again, was either *indirect*—that is, caused by over-excitement—or *direct*, with increased irritability, depending on a deficiency of stimulus, or a consequence of the immediate action of depressing agents. In truth, a system of most charming simplicity, only comparable therein with one other we shall have to mention, and only requiring of the physician to determine the degree of asthema, and then graduate thereby the dose of those stimuli, by which excitation might be increased or diminished. Asthenic diseases—a majority—were thus to be cured with tonics and stimulants; sthenic by a lowering or antiphlogistic treatment, similarly graduated. At the head of his materia medica Brown placed wine and opium; and in the use of the latter he was so liberal—consuming no moderate portion himself,—and he so often enthusiastically exclaimed, "Opium mehercle non sedat!" that the Medical Society of Edinburgh had that motto carved upon the bust which they erected to his honor.

As at a bacchanalian orgie Italy and Germany drank in the poisonous draught of Brunonianism, as the system of Brown is classically termed, and its baneful influence is to this day felt in the schools of the former, But the bitter medicine of a wholesome criticism soon cured the worst effects of the wide-spread intellectual debauch; and Frank, Reil, Hufeland, and Stieglitz, with the aid of the trenchant sword of satire, the mirror-bright shield of truth, the spear of reason, or the massive club of true science, bravely rescued "Old Physic" from the attacks of enemies who made up in numbers and violence what they lacked in wisdom and a just cause.

The Italian doctrine of *contra-stimulus* is but a "rifacciamento"—a hashing up—of Brunonianism; and the *physiological medicine* of Broussais may be traced back to the same source. When incitation was accompanied with increased vital activity, the Italians called the condition "stimolo," or the stimulant diathesis; when incitation was defective and vital activity proportionately low, the state was called the contra-stimulant diathesis: Brown's sthenic and asthenic conditions. By the action of stimuli—including the blood—incitation is increased, and vital activity with it; while contra-stimuli—including the pale fluids of the body,—narcotics, sedatives, and so

forth, diminish both. With Broussais, life and disease were both but products of irritation, but irritation of a peculiar local kind. Hence, according to him, there are no general diseases, only local ones, which, by the sympathies of the organism, put on the appearance of being extensive and general. The local irritation causes first congestion, then inflammation, especially in the gastric mucous membrane, obnoxious to this affection; and as beyond all question a special tendency thereto is sometimes an epidemic constitution, and happened to be so for many years in France, Broussais made it a sort of centre for his physiological system. The treatment of diseases consequent on the adoption of this theory, mainly consists in venesection, the application of countless leeches, starvation, and the drenching of the patient with gallons of mucilaginous slops.

There remains one other fruit of Brunonianism to touch upon—a fruit whose kernel has proved harder to crack than any of the others; a theory that for a longer period than any of those already mentioned has kept its ground, though that ground is far more limited in extent than was the case with its predecessors; a theory that, strange to say, has been no less seriously discussed by the learned than by the unlearned in the matter; a theory that has proved as great a bone of contention among the priests in the temple of Esculapius, as among the common herd—the 'oi polloi' without. I allude to *homœopathy*, or, more correctly, Hahnemannism.

Samuel Hahnemann, born 1755, denied altogether the existence of a vis medicatrix naturæ—a power enabling the system to shake off disease, and restore parts or the whole to a condition of health,—contending that disease can only be driven out by disease. This last is in truth the very principle acted out by—we might say—a majority of physicians, who are rarely content unless the remedies they prescribe give abundant evidence of their activity by their producing the patho-genetic effects peculiar to each; in other words, the assemblage of symptoms, or *disease*, which each important remedy, given to a certain extent, will occasion. Of such diseases we have familiar examples in *cinchonism*, or the assemblage of symptoms produced by bark and the salts of quinine or cinchonine; *morphism*, by opium or the salts of morphia; *hydrargyrism*, by mercurial preparations; *arsenicism*, *plumbism*, by those of arsenic or lead; *alcoholism*, acute in a fit of drunkenness—chronic in the condition of the besotted, &c., &c. And when people talk of remedies? *curing* by their *perturbating* effects, they can only really mean that the remedies produce

a second disease, which somehow or another overpowers and drives out the primary complaint. But suppose—as is notoriously the case—that diseases disappear more quickly, safely and pleasantly, and health is far more thoroughly re-established, under the use of the same remedies in such well-regulated doses that no patho-genetic effects—no symptoms that can be attributed to the remedies employed—are to be detected, and what becomes of the *perturbating* action? But we by no means intend to discuss therapeutics in this article, so—"revenons à nos moutons." Hahnemann further contended that the real nature of disease cannot be discovered or divined; and hence only the outside evidence, the visible, tangible, and rational symptoms of disease, are worthy of investigation, as being of any value or importance with regard to its treatment; just as life, a principle sui generis, and known only by what we may call its results, can never be apprehended by, or made perceptible to, our senses. Further: the healing property of medicines, says Hahnemann, depends on their power, when given in large doses, to produce a train of symptoms in the healthy similar to those which such medicines are known to relieve; for which reason his school is called homœopathic—*omoios*, similar; *pathos*, a morbid affection,—and has taken for its motto, "similia similibus curantur," an axiom which, though occasionally illustrated in practice, is by no means universally applicable to the treatment of disease;—there is no gainsaying, however, that this law is steadily conquering a larger space in the realms of therapeutics. It is contended by Hahnemann that the true *curative* effects of medicines are only developed when they are given in extremely minute doses, and at much more distant intervals than usual; moreover, that the powers of all the known remedies are almost infinitely developed by trituration and attenuation, and that substances hitherto supposed inert, or nearly so, produce quite remarkable trains of symptoms, when treated in the same way.

The above are the fundamental doctrines of a medical theory which has now maintained its ground for over half a century, while not one of the two hundred others which have sprung from the fertile brains of great physicians, who have lived and died during the last two thousand years, has held its own for half the time. This is a stubborn fact well worthy to form a peg whereon to hang a bag of thoughts. We should much like to discuss this subject with the seriousness which it deserves; not the subject of homœpathy as practised by the quacks who call themselves homœopathists—God

forbid!—but the amount of truth contained in the different prominent theories here sketched; how *the same truths*, or approximations to truth, have been expressed by different medical philosophers in different terms; how the germs of great truths yet lie hid beneath words to which mankind have not yet learned to attach the same meaning; how little real progress man makes in intellectual matters; how, with all the apparent development of theory, the onward march is really after all very much that of a horse in a mill. It is true, we do not exactly go round and round in a circle—such a conviction would at once paralyze all exertion,—but it is as if we were ascending the hill of truth by a road winding round its base, rising with so very slight a grade, that as we return to the same meridian, after having with much labor accomplished the circle, we are surprised to find ourselves at so very small an elevation above the point where we set out. Still we *do* progress; though the rate is doubtless *purposely* made just fast enough to repay us for our labor—just slow enough to make us feel our weakness and insignificance. Would that, as physicians and philosophers, we could learn to distinguish between the quackery which like all dishonesty only merits our contempt, and the claims of every man of learning, science, and practical experience, to a fair and impartial hearing. Upon the character and probable fate of new opinions and theories in science, it behooves us to pronounce with extreme circumspection. In a work ascribed to Hippocrates, a similar doctrine to that of Hahnemann was distinctly laid down, and has since found advocates in medical writers; but Hahneman first made it the guiding principle in therapeutics, the law of practice, supporting his position by a series of experiments.

It is most singular, and not a little interesting, that precisely as did the great Louis, Hahnemann, after having practiced with a high reputation for skill and success, especially in the Hospital at Dresden, disgusted with the want of more reliable guides than the prominent medical theories of his day, abandoned practice, and again betook himself to his books, as Louis did to Hospital service and the dead-room. In a letter to the celebrated Hufeland, he says: "Eighteen years have elapsed since I quitted the beaten path in medicine. It was agony for me to walk in darkness, with no other light than could be derived from books, when I had to heal the sick, and to prescribe, according to such or such an hypothesis concerning disease, substances which owe their place in the Materia Medica to an arbi-

trary decision. I could not conscientiously treat the unknown morbid conditions of my suffering brethren by these unknown medicines, which, being very active substances, may, unless applied with the most rigorous exactness, (which the physician cannot exercise, because their peculiar effects have not yet been examined,) so easily cause death, or produce new affections or chronic maladies often more difficult to remove than the original disease."

The above passage throws a flood of light on the hidden causes of the parallel actions of Louis and of Hahneman in parallel circumstances. The conviction is irresistibly forced upon us, strange as the avowal may seem, that neither the one nor the other were *born physicians.* Neither the one nor the other possessed the mental qualifications to make them, in the long run, good practitioners of medicine: each one expected to find in books the guide he should have sought in observation of nature, and followed with the tact of a skillful hunter tracking his game, or an experienced commander taking his ship into port. Each one had too mathematical and too dogmatical an intellectual organization. Yet, beyond all question, each had a task to perform, which none other could have done so well; each left his mark upon the age; each contributed no stinted measure of scientific facts to the common stock; each had in a marked manner a special vocation, and in fulfilling that, did "the day's work of a giant."

The object of this article is simply to offer the reader a few materials for thought, hence the writer will not try any one's patience by appending any remarks or reflections.

ART. II.—*Lemon Juice in the Treatment of Acute Rheumatism.* By FREDERICK T. HURXTHAL, M. D., of Massillon, Ohio.

In Vol. VI., No. 1, of Ranking's Abstract we have, so far as I have noticed, the first report of Dr. Owen Rees and others on the use of "Lemon Juice" in acute rheumatism. From the very favorable statements there made, and the agreeableness of the remedial agent, I determined to give it a full trial whenever opportunity should present.

On the 1st of February, 1851, I was called to visit Mr. Sidney Sladdin, who for three days had been suffering intensely of acute rheumatism. In the history of the case, I learnt that he had been twice before subjected to this painful affection, in England, (from

whence he had lately arrived,) and each time had been confined for five or six weeks. At the time of my visit, he was suffering all the usual symptoms of an aggravated attack of acute rheumatism;—pulse 115, full and hard; tongue loaded with a dirty white coat; surface hot; bowels constipated. R. calomel gr. xv. at night, to be followed by Seidlitz in the morning; sulp. morphia gr. ¼ every two to four hours, until relief was obtained. As soon as the cathartic operated, to commence with lemon juice, half oz. every three hours, with loaf sugar—the dose to be gradually increased, until one oz. was taken; cold water sponging of the whole body, and the affected parts enveloped with cold wet bandages.

Feb. 2. Bowels have moved freely. One grain of morphia was taken before sleep was induced. The parts affected (right wrist and left ankle) less painful; left knee and shoulder somewhat swollen, and tender upon the least motion. Lemon juice and morphia continued; sulp. potas. gr. x., cream tart. two scruples, every four hours until bowels move freely.

Feb. 3. Much improved; required but little of the anodyne; slept well; left knee and shoulder less swollen and painful; left wrist much tumified and very tender; wet bandages laid aside; bowels have moved freely; urine much increased in quantity; and deposits on cooling crystals of a light straw color.

Feb. 4. Slept well; left wrist less painful; appetite improving—feels cheerful—sits up; deposit in urine very abundant, and of like character. Treatment continued for a few days,—the dose to be given at longer intervals. On the 8th, the patient called on me at my office in his usual good health.

CASE 2.—Robert McEwen, aged sixteen, was violently attacked, on the night of May 1st, with acute rheumatism. Right and left ankles much swollen, red, hot, and painful; sympathetic fever; with all the usual concomitants of a severe attack. Lemon juice was given in this case as in the preceding. The bowels moved several times each day with the following mixture: Sal rochelle, and cream tart. aa, two oz., sulp. potassa four scruples; of this, one large teaspoonful was given every four hours until the desired end was obtained. On the 3d day, the urine was heavily charged with crystals of light straw color. Although the disease invaded the knees and wrists, no part became half so painful as those where the disease first made its appearance, and before the treatment was commenced.

On the 9th day the treatment was suspended, and the patient turned over to the hands of the cook.

CASE 3.—A. Holderbaum, aged twenty-seven, was attacked with acute rheumatism, on the 27th of May, the left meta carpo-phalangeal articulation of the thumb and index-finger being the parts affected—to which he paid but little attention, being unwilling to believe it to be rheumatism. On the night of June 1st, I was called to see him. Both ankles were much swollen, red, intensely hot, and very painful; not much constitutional fever. Prescribed calomel, gr. xv.; to be followed in the morning by the saline mixture as above, until the bowels moved freely; opium, gr. ij., to be repeated in two hours, until suffering was relieved. As soon as the bowels were freely acted upon, lemon juice was given, as in the preceding cases. On the 4th day the amount of urine was much increased, but not so heavily charged with the deposit as in the first two cases; the crystals were of similar character. On the 11th day he walked to my office. The part first affected was the last to give way; and before it was entirely well, required some ten days more time.

Treatment continued.

ART. III. — *Thoughts on Medical Truth.* By S. C. MENDENHALL, M. D., Bloomfield, Ohio.

Scientific truth is the reward of diligent search. It lies not upon the surface of things, ready to meet the careless gaze of the indolent passer by; it is only evoked by intelligent and laborious interrogation of nature's phenomena. Her temple is aptly located in allegory upon the rocky summit of some "earth-o'ergazing mountain," accessible only to the hardy sons of toil, its dome far above the clouds of passion and prejudice.

The disciples of Aristotle, like their master, have, in all ages, sought to evoke truth, not by observing facts, but by mental abstraction. Smitten by the love of truth which the God of nature has implanted in every intelligent creature, they sought her in the fine spun theories which are ever the prolific brood of the cloister and the closet. Alike regardless of the incongruity of the various parts of their great teacher's system, and of the endless volume of nature, ever ready to meet the earnest gaze of the true student, they poured upon the minds of men an exhaustless tide of wordy wisdom, which

like the deceitful *mirage* of the desert, mocked the thirst of truth's seekers with hopes unfulfilled.

The natural sciences can scarcely be said to have existed prior to the publication of Lord Bacon's Novum Organum. For him was reserved the peerless honor of standing forth as pioneer of the Inductive Philosophy, known in the writings of Leibnitz under the name of the "Sufficient Reason," and which (except in pure mathematics,) is the only means of acquiring scientific truth now recognized. When his giant intellect announced the bold, yet truthful proposition, that "experiment is the only sure road to truth, and that no theories should precede the observation of facts," a new luminary was kindled in the intellectual firmament of our race, whose advent was as potent in the mental world, as the fiat of Omnipotence when He said in reference to the material universe, "Let there be light!"

There is no science which more entirely depends on induction than Medicine. Theories in this department of knowledge are of no value only to serve as connecting mediæ for the facts upon which they are based, and these they often obscure and pervert. Examples of the bewildering effects of theory upon the mental faculties are, unfortunately, so numerous that they occur to the mind of every intelligent reader, and therefore need not be cited. In this age there is manifested, in almost every department of scientific research, an unusual tendency to hasty generalization, founded upon an insufficient number of carelessly observed facts. While, therefore, we honor inductive philosophy as the emancipator of the human intellect from the midnight gloom of the dark ages, we should also remember that we are in danger of being led astray by the *ignes fatui* of *false facts*, and their companions *false conclusions*.

There has been an immense amount of idle discussion upon the question "whether ideas are innate or acquired." There is not, perhaps, at present much diversity of opinion on this point among intelligent metaphysicians, unless we except those who are bewildered by the sophisms of Kant, Schlegel, Fichte, and their fellow transcendentalists. But I design not to discuss this question at present — for if our ideas are all *acquired*, it is conceded on all hands that the mental discipline of the individual has much to do with the character of those "forms in the mind;" and *a fortiori* if mental development proceed from *within* exclusively, the laws of such development must be all-important.

None will deny that truth exists in nature unmixed with error. Whence then arises the frequent failure to elicit truth, and the consequent existence of the thousand forms of error? It has its origin in defects in the mental constitution of truth's seekers. So far as these imperfections are the result of man's inherent organization they are remediless, but the major part result from *neglected* or *misdirected* education, and are consequently legitimate subjects of animadversion.

Educators of every grade abound, who make the press the vehicle of doleful jeremiads, concerning the utilitarian spirit which, they say, has seized on the republic of letters through the debasing effect of mathematics. It is difficult to perceive the intimate connection between the abstractions of geometry, for example, and the accumulation of pelf. But "the wisdom of the wise is busied in hatching golden eggs," and according to their testimony, mathematics are the chief agents in this degradation of literature. And what is by another class of observers regarded with feelings of triumph, as demonstrating the "practical tendencies of the age," is, by them, deplored as the prostitution of the genius of science to the mammon of lucre.

The great *penchant* of the day is for *facts, facts.* And verily an examination of the numerous periodicals belonging particularly to our profession, would justify the conclusion that, in commercial phrase, "the supply equals the demand." From the dignified London Lancet, *down* to the puissant "Medical News" of R. S. Newton, (the renegade cancer doctor,) the medical press teems with facts, relevant and irrelevant, true and *false.* Nine-tenths of these so called *facts* are either of a trivial nature, or if tested by others are found wanting. If the recorded observations of this class, which have been accumulating in the records of our profession for the last fifty years, were collected in one mass, every one would be astonished at the evidence thus given, of defective observation. Nor is the evil warning but crescent. Many of our journals, even now, are burdened with observations and discoveries, which fall *still-born* from the brains and press of their originators, or still worse lead astray the unwary and inexperienced.

What shall be done to arrest this tendency? How shall we purify the fair escutcheon of our noble science from these blemishes? — Doubtless many agencies must combine to produce the desired re-

sult. I shall only specify two. The first is, *the requisition of a competent knowledge of demonstrative mathematics as a condition of graduation in our medical schools.*

I am aware that it may be urged that the class of truths which are embraced within the peculiar domain of the physician, do not admit of mathematical demonstration. Granted; yet this affects not the true issue. The object proposed is not to demonstrate mathematically any medical truth, but to secure such mental habits as will be a safeguard against error. The mind when trained and developed by the rigid syllogistic reasoning of pure mathematics, will be far less likely to be led astray by false induction, than when lacking such training. Accustomed to reject everything not susceptible of *proof*, loose and illogical conclusions are far less frequent, and an effectual barrier is raised against the abuse of the inductive mode of reasoning, which so extensively prevails.

I claim not that an individual may not, if possessed of tact and talent, become successful practitioners of the *ars medendi*, without a knowledge of the higher departments of mathematics. But the ability to treat disease successfully, and the power to make *individual experience subserve the advancement of science* are distinct things. Those who lack this preliminary training, when they attempt to embody their experience for the benefit of others, signally fail. Search the records of the profession, and you will find that almost every solid addition to medical science has been made by men who have brought to bear on the subject, minds thoroughly trained in that severe school of reasoning, so much despised by some pretended inductive philosophers of the present day. Were Louis, Rilliet, Barthely, Stewardson, Gerhard, Becquerel, and a host of other brilliant names, discarders of mathematical reasoning, hasty generalizers? Let their works, their biographies, their ten or fifteen years of preliminary education, their rigid and accurate observations of nature, answer the query. Their minds were, so to speak, *polished* by education, so that

> "Like a gate of steel
> Fronting the sun, which renders back
> Its figure and its heat,"

they reflected nature's truth on the minds of others. Let our profession be guarded against the intrusion of those who are deficient, either in intellect or energy, to fit themselves by a proper prelimina-

ry education for the most difficult of all sciences, and then we shall not be so often disgraced in the eyes of the world, by the crudities of those who "cannot teach and will not learn."

The second means of arresting the accumulation of *false facts*, that I would suggest, is a more rigid scrutiny of alleged facts and discoveries by those janitors of truth's temple, the editors of our own journals. This may be the province of other pens than mine, but I cannot refrain bestowing a passing remark upon it. A few days ago, while examining the pages of a widely circulated journal of medicine, my attention was arrested by an article on the therapeutic application of turpentine. To my astonishment I found it recommended as a specific for almost every form of disease, from typhoid fever to scabies and lichen! "My brethren, these things ought not so to be." The fact that an article is admitted to the columns of a respectable medical journal, ought to be a guaranty of its being worthy of the attention of the profession. And the editor of a medical periodical, who foists such absurdities as the above mentioned on the public, is derelict of duty, and unworthy to minister at the altar of science.

The length to which this article has already reached, admonish me to reserve, for another occasion, some remarks I designed making on the duty of *private practitioners*, in regard to the preliminary education of students.

Art. IV.— *Hydrastis Canadensis in Gonorrhœa.* By D. M. Mc Cann, M. D., Martinsburg, O.

As your excellent Medical Journal has for its object the diffusion of knowledge advantageous to the Medical profession, permit me to call the attention of the profession through its columns to the use of Hydrastis canadensis, (yellow root, orange root,) in gonorrhœa.

I am not aware that any of my brethren have ever used it in this affection, before myself. My experience, however, in the administration of it, though not extensive, is yet sufficient to warrant me in soliciting a trial of it by those having more opportunity of testing its curative powers than I have. I have used it in several cases in various stages of the disorder, and in *every case* with the most satisfactory results; more especially with males than females. I was led to its use by noticing its well known sanative properties over inflamations of mucus and epithelial structures, such as aphthæ of the

mouth, &c. The ardor urinæ, and discharge of mucus, has been entirely suspended in every case in from twenty-four to seventy-two hours. In some cases I used the balsam copaibæ, in others injections of infusion of the hydrastis alone, but with about the same results, a perfect and *permanent* eradication of the disorder.

I have varied the strength to suit the case in its different stages, but as a general rule I have used about one drachm of the dried root to the pint of infusion — injecting a syringe full three or four times a day.

I hope that some of the profession will give this article a fair trial.

ART. V.—*Purpura Hæmorrhagica.* By J. WATSON TULLIS, M. D., of Troy, Ohio.

A few weeks since, Mrs. B. was attacked with bleeding of the gums, during a paroxism of Intermittent Fever. She had, within a short time previously, three or four chills, but interruptedly, they having been broken up once or twice with quinine. During these previous paroxysms her gums bled slightly. But at this time they bled profusely and persistently. Neither ice nor the most powerful astringents, seemed to have any effect in controling the hæmorrhage.

Being alarmed at the quantity of blood discharged, and the utter inefficiency of the most powerful astringents, I resolved to try mechanical means. I made, of wheat flour and water, a mass of consistent and tenacious dough, which I rolled in a cylindrical form, and having given it the proper curve, introduced it inside of the teeth and gums, and pressed it firmly against them. I pressed a flat layer of dough on the anterior part of the gums and teeth, over-lapping with it the superior border of the posterior layer.

Although this application did not check the hæmorrhage, yet it did very much restrain it. It had to be removed occasionally, as it was rendered ineffectual by the softening effect of the blood and saliva.

About twenty-four hours after the bleeding of the gums commenced, petechial spots were observed upon her arms, and upon examination were ascertained to be distributed over her body and lower

extremities. So I had before me a clear case of Purpura Hæmorrhagica.

The application of dough to the gums, being very inconvenient and unpleasant to the patient, and of only temporary advantage, was chiefly abandoned. To portions of the gum, and in the vicinity of one or two carious teeth, and which were highly congested and swollen, and which seemed to bleed most freely, I applied with considerable advantage the nitrate of silver, and directed the free use of an ice-cold very strong solution of kino, which for a while almost completely checked the bleeding. It, however, after a few hours seemed to loose its hæmostatic virtue, after which the undiluted Tincture of Sesqui-chloride of Iron, freely applied to the gums, for a short time, seemed to exercise considerable control over the bleeding.

With a view to the evacuation of the bowels, a diminution of the serum of the blood, and an increase of its coagulability, I gave cathartic doses of Sulphate of Soda, which, it is believed, effects the latter as well as the former object.

During its operation, blood was vomited as well as passed by the bowels.

The hæmorrhage from the stomach and bowels, super-added to the persistent bleeding of the gums, and petechial spots, was of course an alarming indication.

For internal exhibition I gave Acetate of Lead, 3 grs., and Sulph. Morphine one-sixth of a grain, every three hours. Nitro Muriatic Acid, diluted to the strength of sharpe vinegar, was used to sponge the body twice a day. Cold water and even ice water were very frequently applied so long as it was agreeable. It seemed to be highly useful, giving tone to the nervous system, and increasing the contractility of the capillaries.

This treatment was adopted on the third day of the disease. The hæmorrhage from the gums still persisting, in the evening. Tinc. of Opium and Tinct. of Digitalis, in equal parts, in doses of twenty drops, every two or three hours, after the first dose of thirty or forty drops, were given, alternated with three gr. doses of Acetate of Lead. In the morning the hæmorrhage had almost entirely ceased—her mouth was dry. This effect I attributed to the Opium. Not only at that time, but several times subsequently, in the treatment of this case, the power of Opium over the capillaries was very manifest. A free dose of Morphine seemed to have more power in restraining the

hæmorrhage than any other one thing, though the local applications were doubtless of essential importance.

Under this treatment, the hæmorrhage, though occasionally recurring, was to a good degree controlled.

For about a week, the symptoms were alarming—the hæmorrhage continuing more or less during that period, the petechiae abundant, and the prostration very considerable.

About the expiration of this period, and as convalescence seemed about to be established, the patient began to suffer from a sense of weight and oppression of the epigastric region and inferior part of the chest. This symptom, though it became very urgent, was very greatly and promptly relieved by local depletion with wet cups, and entirely removed by a second cupping twenty-four hours afterwards.

Although there might have been some danger of troublesome bleeding from the incised wounds, yet it was not to be compared with the danger, justly apprehended, from the internal disorder, which I supposed to be *congestion* of some of the vital organs; and especially if the blood vessels were in the condition they are generally supposed to be, in Purpura, in which case fatal extravasation might have resulted.

A few days after decided convalescence was established, there was a recurrence of the chill and fever, and with it a recurrence of the hæmorrhage from the gums, and a reappearance of the petechial spots. These symptoms were not so alarming nor persistent as at first—they yielded to about the same means.

Quinine had to be given every few days in order to prevent a recurrence of the ague, and what was more dreaded, the hæmorrhage. And yet quinine, given in four gr. doses to the amount of twelve grains, invariably produced shortly after the last dose, bleeding of the gums, much more easily controlled however, than when induced by a paroxysm of ague. Such was the irritability of the stomach that no form of Peruvian bark could be borne. Fowler's Solution was finally resorted to, but not being administered with sufficient boldness, there was a recurrence of the ague, accompanied by profuse hæmorrhage of the gums, and a very general crop of petechiae. At many points there was a sensible elevation of the cuticle, as if by small clots of blood—but generally a more diffused discoloration, without sensible elevation of the surface. There was also very considerable hepatic derangement—foul tongue—bitter taste—nausea,

but no tenderness of the stomach, nor much thirst. I administered an emetic of common salt and ipecac, which acted freely and with good effect—after which gave quinine, at such intervals and in such doses as to avoid 'quininism,' and thus avoided almost entirely, the hæmorrhage previously incident to it.

For the Purpura, I directed Oil of Turpentine, to be taken in cold infusion of ulmus fulva in doses of ten drops every two hours. The petechial spots very rapidly disappeared under the turpentine treatment,—more so than at any former period. From the apparent effect of turpentine in this instance, and the abundant testimony given in recent numbers of Braithwaite in favor of this article as a styptic, I am inclined to regard it as one of our most valuable resources in Purpura.

The patient has now recovered nearly her usual health, and with proper precaution, will escape a relapse of her Purpura Hæmorrhagica. Judging from the past history of this case, so sure as there is a relapse of ague, there will be a recurrence of Purpura.

It is proper to state the fact, that this patient was between the seventh and eighth month of utero gestation when she became ill. During the first temporary amendment above referred to, she was safely delivered of a living but a very feeble child. There was no unusual uterine hæmorrhage during or subsequent to her confinement.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Injuries of the Cranium—Trepanning.* By HENRY F. CAMPBELL, Demonstrator of Anatomy in the Medical College of Georgia.

From the delicate structure of the brain, its abundant supply of blood-vessels, the proneness of its membranes to inflammation, and withal its importance to the animal economy, injuries of the cranium have been ever regarded among the most serious to which the or-

ganism is liable. And yet experience, and an attentive observation of cases, have left no rule by which we can prognosticate with certainty the result, or estimate the amount of danger attaching to any particular case; the slightest blow on the head, the simplest incision of the scalp, however trivial it may at first appear, will sometimes unexpectedly assume the most alarming aspect, and finally terminate in the death of the patient from a propagation of inflammation to the brain or its membranes. On the other hand, how much do we find this delicate organ capable of resisting—what amount of injury will it *not* sustain and yet recover, without even the manifestation of damage. It is only necessary to refer to the records of Surgery, and we find ample verification of this assertion. Hennen* reports many cases wherein the brain has been penetrated by balls, (in one case the removal of the ball was not effected,) without causing the death of the patient, or even producing any great amount of cerebral disturbance. In the second volume of the Lancet, Dr. Cunningham, of Hailsham, reports a very remarkable case of a boy, fourteen years old, who, on the bursting of a pistol, received the whole breech into the substance of the brain through an opening in the frontal bone. He lived twenty-four days in a semi-comatose condition; and in the post-mortem examination the wound in the brain was found perfectly healed, and the iron breech, weighing nine drachms, was resting on the tentorium. But the case which more than all others is calculated to excite our wonder, impair the value of prognosis, and even to subvert our physiological doctrines in relation to this important portion of the organism, is that of Dr. Harlow, reported recently by Prof. H. J. Bigelow, (in the American Journal of Medical Sciences,) in which an iron crowbar, three and a half feet in length and one and a quarter inch in diameter, passed through the left hemisphere of the cerebrum, and yet the patient perfectly recovered with only the loss of an eye.

The following case, although not by any means so extraordinary as the above, is still sufficiently remarkable to possess, we hope, some interest to the profession: first, on account of the amount of injury sustained by the brain, without a fatal result; and secondly, because it, in a measure, serves to corroborate the physiological possibility of Prof. Bigelow's truly wonderful case; for it will be ob-

* Military Surgery.

served that very nearly the same region of the brain sustained the injury in each instance.

Fracture, with an extensive injury of the brain and membranes. —Tony, a negro carpenter, aged about forty-five years, was brought into our infirmary, wounded in an affray with two other negroes. He had a stab in the left thigh of no serious moment. The principal injury sustained was that of a chop on the head with an axe. On examination, it was found that the axe had cleft the lower portion of the parietal bone just above the attachment of the temporal fascia, penetrating deeply into the right hemisphere of the brain. The two portions of the skull were widely separated, being nearly an inch apart; between them the movements of the brain could be distinctly observed. The wound was nearly six inches in length, extending from near the vertex to within an inch of the supra-orbitary ridge. The membranes of the brain were cut through, and the medullary substance of the cerebrum had been sliced in the direction of the blow. The middle meningeal artery was severed, and yielded a profuse hemorrhage, which of course was external. The temporal arteries also had bled very freely. We found him sitting upon a chair before the fire, with his head bound up in a handkerchief; he spoke rationally, said they had tried to kill him, and recounted correctly the particulars of the affray. He complained of no pain, but said he was weak from loss of blood, though his pulse indicated no great degree of enfeeblement. His appetite was quite remarkable; we found it necessary to order out of his hands a dish of bread and bacon that his wife had just brought him, and which he said he could eat, as he was very hungry.

After proper cleansing, and arresting the hemorrhage from the great meningeal artery, by the pressure of a small pledget of lint, the wound was dressed by adhesive strips, with a compress and bandage. We found it impossible to bring in contact the two sides of the opening in the skull, and after approximating them as closely as practicable, the edges of the wound in the scalp were brought together over the fissure.

On the second dressing, the wound had adhered pretty firmly, with the exception of about two inches; from this opening, which was enlarged with a slight slough, the sharp edge of the outer portion of the skull protruded. The suppuration was very profuse. The impossibility of covering this portion of bone, and the fear that

the exposure and continued suppuration would produce extensive caries, or be detrimental to the already injured brain and membranes, determined us on removing this piece of bone with the saw. After dissecting the temporal muscle and fascia from their attachment, assisted by my brother, Dr. Robert Campbell, we removed, with Hey's saw, a portion of the lower border of the parietal bone, two and a half inches in length and three-fourths of an inch in width. The operation was completed without other hemorrhage than that from the branches of the temporal artery cut by the incision in the soft parts, though the piece of bone removed was traversed in three places by furrows for the branches of the arteria meningea magna, which, however, escaped during the application of the saw. After trepanning, the flaps were replaced and secured by adhesive strips, with compress and T. bandage. On the fourth day after the operation, he complained of pain in the occipital region and some stiffness in the back of the neck; these symptoms, however, readily disappeared after free evacuation of the bowels and an administration of an opiate. This resulted probably from the constrained position of the head, and not from any tetanic tendency. The wound healed rapidly till within a few days of the discharge of the patient from the infirmary, when suppuration became more copious, and we extracted a small piece of detached bone from the wound, which after this became a firm and healthy cicatrix.

A case very similar to the above is related in a work of one of the earlier writers, Glandorp, wherein a man had the skull laid open by a sabre cut, losing even a portion of the brain, and yet he recovered; though he was affected for some time with paralysis.*

The remarkable feature in cases like the above, is, that notwithstanding the extensive injury done the brain, the very organ of sensation and volition, yet not the least impairment of intellectual power

* Hominem, ablata etiam insigni cerebri portione, supervivere posse, sequens testatur observatio. Viro alicui robusto impingebatur gladio vulnus circa anteriorem capitis partem, ex quo primis diebus *Pareas meus* Ludovicus Glandorp *chirurgus* magnas ossium portiones, tandem & tantam cerebri partem, quantam vix poterat capere medietas putaminis ovi, excepit. Huic adhibuit remedia, quæ inferius præ scribentur. Convulsionibus interim correptus fuit, quæ tamen septima die eum deseruerunt: ubi suborta est paralysis oppositi lateris; a vulnere curatus evasit & post duos annos peste obiit: vini portionem exiguam, post curam, ut & clamores ac fonitus turbarum, tympanorum, ac tormentorum bellicorum vix perferre poterat.—*Matthiæ Glandorpii*, Spec. Chirurg. Observ. v. p. 26.

is observed during their whole progress. From an attentive consideration of such cases, and a comparison of them with others of a somewhat different nature, viz., cases of compression, we have been long impressed with a belief, that the brain can much better resist, physiologically, the effects of actual laceration of its substance, even to a very great extent, than a comparatively small amount of compression.

That a very small degree of compression will produce great disturbance of function, the daily observation of every practitioner will fully establish; yet, certainly, in the deposition of an apoplectic clot, the brain cannot sustain as much physical injury as when it is broken and lacerated with tamping pins and hand axes. But, strange to say, in the latter case no intellectual impairment whatever is manifested; while in the former, coma, paralysis, and often death, are the common consequences of a small amount of pressure. What, then, is the explanation of this unexpected difference in the results? We can only surmise an explanation: It is probable that the laceration of the cerebral mass affects only that portion of the brain actually impinged upon; in this, there may or may not reside some endowment important to the undisturbed exercise of the various functions, as volition, sensation, consciousness, &c.; if important, we have functional manifestations of injury in those organs over which that portion presides; if unimportant to these functions, of course these manifestations are not observable. On this view, we would very naturally expect to find lacerations of the brain without functional manifestation, as the effect of these lacerations does not, it appears, extend beyond its immediate vicinity.

Now, in injuries with compression, the effect is by no means so restricted; we cannot compress one portion (however unimportant) of an organ like the brain, without exerting more or less compression on parts that are of the utmost importance. That equilibrium of pressure so indispensable to the healthy exercise of function is thus destroyed in *all* parts of the brain, and of course a correspondent impairment of function is the result; which does not necessarily occur in simple laceration.—*Southern Med. and Surg. Journal.*

Art. II.—*Case of Permanent Stricture of the Œsophagus.* By Paul F. Eve, M. D., of Augusta, Ga.

During the course of lectures in the University of Louisville, Ky., I was invited by Prof. Rogers to see, with him, a case of *dysphagia*

constricta, which had been under his care for a few weeks. The patient was a mulatto boy, aged three years, who, some four months previously, had swallowed, through inadvertence, a portion of caustic potash. In its deliquescent state he had taken it for candy. The act was immediately followed by alarming symptoms, but which unfortunately were attempted to be combatted by domestic remedies.

When Dr. Rogers first saw the case, the dysphagia was so great that fluids could with difficulty be swallowed; and a bougie was now at once arrested in the œsophagus by an apparently permanent stricture. Various attempts were subsequently made to reach the stomach, but without success. We were not certain that any nourishment ever entered it. The patient's constant cry was for water, which he would swallow down to the obstruction, retain it a few minutes, and then reject it from its mouth. He rapidly emaciated. Ice-cream, milk and water, beef tea, &c., were recommended; and if none of these could be gotten down, nutritious enemata to sustain his system.

The stricture was situated six inches from the dental arches—below the most usual seat for such affections—which is the connection of the pharynx with the œsophagus.

The middle of December last, this patient becoming daily more feeble, was presented to the class at the college clinic, with the view to an operation, should one be deemed advisable. He was now reduced almost to skin and bones; neither could his pulse be discerned at the wrists. It was not until he arrived at this low condition that his master consented to consider the question of œsophagotomy. It was decided in consultation not to operate, and the death of the patient was predicted as probable during the first cold spell of weather.

About ten days after this, a post-mortem revealed a permanent contraction, with thickening of the tissues of the œsophagus—the diameter of the strictured portion being reduced to about a line for an inch and a quarter, and which was also quite tortuous in its course. The stomach was contracted, and reduced to a very small capacity; but the ileum, to our surprise, was largely distended with fæces.

It is highly probable that an attempt at œsophagotomy would have failed.

This is another case added to several noticed in our Journals, of permanent stricture of the œsophagus produced by caustic preparations.—*Southern Med. and Surg. Journal.*

ART. III.—*Extracts from the Records of the Boston Society for Medical Improvement.* By WILLIAM M. MORLAND, M. D., Secretary.

MARCH 10.—*Variola in the pregnant female, between the seventh and eighth month of utero-gestation; disease not communicated to the child.*—Dr. Storer said, that, several years since, he reported a case to the Society, where a woman, just recovering from *varioloid*, gave birth to an infant which was covered with the eruption of *variola*, and died from the effects of the disease in the course of the week after its birth.

Numerous cases might be cited, from various authors, showing the contagion to have been thus transmitted.

On the 19th of December last, Mrs. W., between seven and eight months pregnant, was attacked with small-pox; the eruption was making its appearance when Dr. S. first saw the patient. She had the disease very severely, and miscarriage was apprehended. No such accident, however, occurred, and she went safely to the termination of her pregnancy. Dr. S. anxiously awaited her delivery, dreading that the child would exhibit the marks of the infection. On the 28th of January, thirty-nine days, or five weeks and four days, after the appearance of the eruption in the woman, she was delivered of a fine-looking, healthy child, without the slightest trace of any intra-uterine disease. Dr. S. has vaccinated the infant *twice*, unsuccessfully, although the virus was inserted into the arm before it had dried upon the quills.

MARCH 24.—*Oil of Turpentine in excessive dose.*—Dr. Parker reported the case. E., aged twenty-six, married, glass-cutter, robust, sanguine, temperate, chews tobacco, and smokes. Has been in the habit of taking as a remedy for pyrosis, to which he is subject, first, a lump of rosin as big as a nutmeg," followed by "half a tumbler-full of spirits of turpentine" (ol. terebinth. fl. oz. iv.) This dose invariably "helps him." He once repeated this quantity, three times in twelve hours, without any known injury resulting. Feb. 5th, 1851:—Went yesterday morning to a turpentine factory, and took his dose in somewhat of a hurry; using the spirit as it ran fresh from the still; thinks he took a little more than usual. Was soon attacked with dizziness, a sensation of extreme weakness, and pains all over his body, particularly in the region of the kidneys and bladder; he fell in the street, while going to an apothecary for relief;

took a large dose of spts. æth. nit. without benefit. In the evening he walked to Dr. P.'s house with difficulty; complained mostly of pain in hypogastrium, and difficult and painful micturition; some dizziness and prostration; other symptoms not marked; advised to go to bed, to take pulv. ipecac. et opii, grs. xij, statim; and inf. lini. sem. ad lib. Feb. 7th, patient called, and said he was immediately and completely relieved; a fellow workman came with him, to certify to the quantity of turpentine and rosin he is in the habit of taking.

Dr. Abbot remarked that he had known a "hard drinker" to take *oil of turpentine* and *camphene*, in large quantities, with apparent impunity. In the above case, the patient is stated to be temperate.

APRIL 28.—*Extensive Mammary Inflammation.*—Dr. Coale.—Mrs. B., aged twenty-six, primipara, had been affected for several years, with an irritable state of the breasts, causing them to swell and become very painful whenever she took cold. After an easy confinement, she did well until the third day, when an inflammation set in, affecting both mammæ, causing them to become enormously enlarged, hardened and painful. The tenderness was so great, that the elbows could not be separated from the side more than six inches. After the application of twelve leeches to each breast, a surface on each, two inches wide and six inches long, was painted with cantharidal collodion, and a profuse discharge established from the blistered surface. The effect was very happy, the inflammation so rapidly and totally subsiding, that the patient nursed her child within ten days of its birth.—*American Journal of the Medical Sciences.*

ART. IV.—*Cod-liver Oil in Scrofulous Affections and in Consumption.*

Dr. Hays stated to the Philadelphia College of Physicians (Feb. 6, 1851) that he had employed the cod-liver oil extensively, in the Wills' Hospital and in private practice, during the last three years, in scrofulous ophthalmia, in cases of granular lids, in scrofulous enlargement of the external glands, in cases of hip disease, and in the various forms of external scrofula, with the best effects. In scrofulous ophthalmia he had found it of all remedies the most efficacious. Under its use the constitution becomes invigorated; the glandular swellings are dissipated; and the cutaneous affection so commonly met with about the face and ears disappears. He has, also, employ-

ed it in several cases of granular lids with the most favorable results. In this affection, patients are very liable to relapse, from slight causes; this tendency he has found to be removed by the use of the cod-liver oil, alone, or in conjunction with the syrup of the proto-iodide of iron. In the case of a lad now under treatment, affected with scrofulous enlargement of the cervical glands, chronic conjunctivitis, and granular lids, with deposit of lymph in the cornea, and intense photophobia, by the use of the cod-liver oil and proto-iodide of iron, with the occasional application to the eye of the liquor plumbi, all the symptoms of disease are rapidly disappearing. The patient can bear the light without inconvenience, can read small print, and has all the general appearance of restored health. He has escaped a relapse now for four months. The photophobia has disappeared entirely. In another case of excessive photophobia, with granular lids and penetrating ulcer of the cornea, the cod-liver oil has been used (at the suggestion of the *interne* of the Wills' Hospital, Dr. McIntyre) with the most decided advantage.

Dr. H. has now employed the cod-liver oil in from two hundred to two hundred and fifty cases of scrofulous ophthalmia and granular lids, and in most of these cases the benefit resulting from its use has been very striking.—*American Journal of the Medical Sciences.*

ART. V.—*Poisoning by twenty-nine grains of Veratria—Recovery.*

The following authentic case has been communicated to us, with a request that the name of the patient (a retired chemist and druggist) may be suppressed:

A gentleman had a draught and liniment made up at the same time; the draught was to relieve the colic, and consisted of chloric ether, &c. The liniment was composed of veratria, gr. xxx., and rectified spirit, oz. ij., and was intended to be rubbed on the forehead to relieve a nervous, chronic pain in the head. The dispenser finding his stock of veratria insufficient, put only xxix. grains of veratria in, and reduced the amount of spirit in proportion.

On his way home, feeling pain, the patient went into a tavern and got a glass of hot ale and ginger, and then called for a second, into which he put the *liniment*, supposing it to be the draught. Almost immediately afterwards he experienced a peculiar sensation of op-

pression and anxiety in the head, a sense of suffocation, and then discovered his mistake. Medical aid was at hand; vomiting was produced by an emetic of sulphates of zinc and copper, tickling the throat, &c. In about half an hour after vomiting, very violent sneezing came on, and continued for about an hour; the patient then slept, and had no disagreeable sensation or symptom since.—*Pharmaceutical Journal.*

ART. VI.—*Treatment of Asphyxia from Drowning and Hanging.* From DR. R. H. STORER'S Address before the Massachusetts Medical Society.

How little understood, among many of the well-educated and intelligent in our community, is the treatment for the restoration of the drowned! How many lives must have been sacrificed by the barbarous custom of suspending the asphyxied by the feet, or rudely rolling them upon barrels with the head dependent, for the purpose of freeing the lungs of the water with which they were supposed to be filled—a custom which, within a few years, has fallen under my immediate observation.

How many, apparently dead, have been restored to their afflicted friends by means of long-continued, scientific efforts; by having their bodies carefully dried, and exposed to a moderate temperature—their heads and shoulders elevated—their lungs artificially inflated; by the exhibition of external and internal stimulants, and judicious venesection!

How many have thus been resuscitated, after all human means seemed unavailing—long after the by-standers have ceased their efforts, and none, save the almost frantic parent or child, have in silent prayer continued their exertions! Numerous cases might be cited to show that life has been re-called after a body has been immersed for a very long period. These instances should cheer the despondING, and encourage them to labor while there seems the slightest possibility of restoration. Allow me to illustrate this remark with a single example, which was published during the last year in the "Northern Lancet and Gazette of Legal Medicine." It was communicated by Charles McNeil, Esq., of Charlotte, Vt., and is the touching story of a grateful father. "One of my sons, nine or ten years of age, was on Sunday afternoon, in August, 1830, found to be missing. On inquiry, I ascertained that he had last been seen playing on a boat lying

at the wharf. The day was calm, and the waters of Lake Champlain still and unruffled by a ripple; but, knowing that he had been on the boat, his brother was sent to search for him, but he returned without any tidings. Once more he returned to the boat, and, looking carefully in every direction, discovered him lying on the bottom of the lake in eight feet water, where he must have lain half an hour, if not longer, when he was brought to the surface. I received the body: it was rigid and cold, as also were the limbs; a bluish cast was spread over the countenance; the deep solicitude of a father discovered no signs of life—no heat; the heart was stilled and the lungs quiescent. No more would I have anticipated the presence of life, if he had been submerged for several years; and had I not, some days previous to the accident, providentially read in an old paper an article by Dr. Buchanan, of Philadelphia, on the subject of restoring suspended animation after submersion, we should have consigned the body to the grave, as it was recovered from the lake. The body being placed on a bed, some of the neighbors were directed to rub it briskly with flannel cloths—an order which they obeyed with great reluctance, from the thought of performing this office on a corpse; and I will admit that I somewhat entertained the same opinion. Still, I would fain hope, and urged on my friends the continuance of their exertions; the friction was persevered in; warm flannel sheets were applied in rapid succession. This treatment was continued for thirty or forty minutes, when we were gratified by hearing a feeble murmur in the throat, followed soon after by a slight quivering of the lips. The case, however, was enveloped in doubt and obscurity for a long time, as the recovery was extremely slow."

The above remarks might, with equal propriety, be applied to the subject of hanging. Many judicious general practitioners entertain the most vague and unsatisfactory notions regarding its phenomena. They not only are unacquainted with the several appearances produced in individual cases of suspension, but they really are not aware how death is produced; and, cerebral apoplexy not unfrequently being considered the cause, copious depletion, employed instead of artificial respiration, checks the vital current forever.—*Boston Med. and Surg. Jour.*

Art. VII.—*Blanched Hair from Sudden Emotions.*

Upon entering the ports of the Pacific Ocean, a person is surprised with the almost uniform blackness and luxuriance of the hair of the natives.

But iustances are not rare, in which we see persons quite young with their hair blanched to a perfect whiteness, free from the creamy tinge that marks the change in temperate or other latitudes of the Atlantic coast, from the effect of age and other causes. With the native of the Pacific, the intermediate grade of gray, marking in our country the advance of age, is scarcely known; although, as with us, the hair of the aged is white — "not frosted o'er by the passage of many winters" — as the transition is usually sudden, from the effects of fear or great mental anxiety; often changing from a raven black to a dead crispy white in a single night.

The citizens of Europe and America, who have resided long upon the Pacific coast, have remarked that their hair became subject to an early change in color, with an apparent increase of vitality, indicated by rapid growth and an oily gloss. Whenever, in the course of their business, they were subject to sudden emotions, they observed, immediately after, a great accession to the numbers of their gray hairs.

As in our own country, the change of light hair is less rapid than dark, resembling the change of black with us. Still all grades of temperament are subject to it, although they may differ in degree. In San Francisco I have met with young men scarcely 30 years of age, with hair and beard blanched to an almost perfect whiteness. As an instance, I met a young man, then on his way home, after having resided two years in the mining region. His hair was blanched to patriarchal whiteness, although he had not reached the completion of his twenty-sixth year. His hair, when he first arrived in California, was of a glossy black, luxuriant and free from disease. After having been subject to the vicissitudes of mining life, for a year and a half, without gaining gold faster than was required to supply his daily wants, he removed to the north fork of the Yuba river, high up, where his fortunes gradually improved, until he was taken sick and obliged to remain in camp. His disease was called, by the camp physician, bilious intermittent, with pulmonary congestion. On the 5th of October, 1850, he raised in the

forenoon some blood, and on the return of the doctor and friends, at mid-day, from labor, it was thought advisable to bleed, and the arm was bandaged and the blood drawn upon the floor, beside his bed. As he felt relieved, he advised his friends to return to their labor. When they left him, he had fallen asleep, and did not awake until dusk. On opening his eyes, the first object that met his view was a huge grizzly bear, lapping from the floor the blood which had been drawn from his arm. His fright was so great, in his then feeble state, that he immediately fainted, and was found apparently dead by his friends, who returned just as the bear left. After the application of such restoratives as the camp afforded, life was restored, but his faculties suffered for several days; and on the morning succeeding the unpleasant visit of the bear, his hair was found changed to a perfect white, without one remaining of the original color to show the contrast.

I will refer to another instance — that of a young man about 23 years old. He came from the mines to San Francisco, with the intention of soon leaving the latter place for home. On the evening of his arrival, he, with his companions, visited the gambling saloons. After watching for a long time the varied fortunes of a table, supposed to be undergoing the process of "tapping," from the continued success of those betting against the bank, the excitement overthrew his better judgment, and he threw upon the "seven spot" of a new deal, a bag which he said contained 1100 dollars — *his all*, the result of two years' privation and hard labor — exclaiming, with a voice trembling from intense excitement, "*my home, or the mines.*" As the dealer slowly resumed the drawing of his cards — with his countenance livid, from fear of the inevitable fate that seems ever attendant upon the tapping process when once commenced — I turned my eyes towards the young man who had staked his whole gains upon a card; and never shall I forget the impression made by his look of intense anxiety, as he watched the cards as they fell from the dealer's hands. All the energies of his system seemed concentrated in the fixed gaze of his eyes, while the deadly pallor of his face bespoke the subdued action of his heart. All around seemed infected with the sympathetic powers of the spell — even the hitherto successful winners forgot their own stakes, in the hazardous chance placed upon the issue of the bet. The cards are slowly told, with the precision of high-wrought excitement. The seven spot wins! The spell is broken — re-action takes place. The winner exclaims,

with a deep-drawn sigh, "*I will never gamble again,*" and was carried from the room in a deep swoon, from which he did not fully recover until the next morning, and then to know that the equivalent surrendered for his gain, was the color of his hair, now changed to a perfect white.

Although the above may be considered extreme cases, sufficient to warrant a like result in any country, still I could relate instances where the cause of excitement was slight, and yet produced a rapid change in the hair, with the same certainty; showing evidently the predisposing influences of climate. One instance now occurs, of a young priest at Acapulco, whose strongly besetting sins were monte and cock-fighting, although others might be numbered in the same catalogue. The purity of his hair was accounted, by its sudden transition from black to white, a miracle emblematical of his character; but the history of the change would lead us to suppose that it originated from another cause than a saintly organization. On the Sunday that marked the change, he exhorted his hearers to beware of the immoralities practised by foreigners; in the afternoon he engaged zealously in the disputes of the cock-pit, and ended at night with an exciting game of monte.

The cause of these sudden changes must arise from atmospherical peculiarities, as upon the Atlantic side we are subject to the same seasons, with the exception that the prevailing wind upon the Atlantic coast during the dry season has more humidity. From whatever source the predisposing cause may originate, it is certain that excitement hastens the change.

Yours respectfully, E. R. Smilie.

Boston, June 26, 1851. [*Boston Med. & Surg. Jour.*

Art. VIII.— *Smallpox in the Seventh Month of Pregnancy.*

I was called, recently, to attend a young married lady, who, I was informed, had been suffering *intense* pain for the twenty-four hours previous. I found the patient with hot skin, dry red tongue, high arterial excitement; pulse 110 per minute, full; severe pain in the head and back, and in the *seventh* month of pregnancy. Prescribed leeches to the temples, and hyd. and jalap, āā gr. x., followed with saline draught, and diaphoretics. In about thirty hours pustules made their appearance, and continued until the case assumed the

appearance of genuine small pox. She passed through the various stages favorably, and convalesced as rapidly as usual, save a slight ophthalmia, which retarded somewhat the cure, went her full time, and gave birth to a fine, plump, healthy girl, without the least appearance of its having had the disease. Vaccination had no effect upon it.

Query. — Can the mother, during the last months of pregnancy, go through with smallpox and not infect the child in utero? If so infected, will there not be unmistakable evidence upon the skin? or does exclusion of light and air prevent scarring, and thereby leave a smooth surface? Will some of your numerous readers inform us?

East Boston, June 20th, 1851. S. F. PARCHER.

[*Boston Med. & Surg. Jour.*

PART THIRD.

FOREIGN INTELLIGENCE.

ART. I.—*Some further Observations on Dropsies, with Albuminous Urine.* By JONATHAN OSBORNE, M. D., M. R. I. A., King's Professor of Materia Medica, Clinical Physician to Sir Patrick Dun's and Mercer's Hospitals, &c.

"FALSTAFF.—Sirrah, you giant, what says the Doctor to my water?

"PAGE.—He said, Sir, the water itself was a good, healthy water; but, for the party that owed it, he might have more diseases than he knew for."

Having published, in 1835, a small treatise on dropsies with coagulable urine, and added to it, in a second edition published in 1847, the result of my observations on dropsies in general, I had the satisfaction of perceiving the diaphoretic and anti-diuretic treatment, which was the principal novelty in the work, both commended and adopted by many eminent authorities. A German translation of it was published at Leipsic, in 1840, with a preface, by Professor Nasse', of Bonn; and an appendix was subjoined, consisting of Dr. Bright's observations contained in the Guy's Hospital Reports for 1836, and a copious extract from Dr. Martin Solon's work on Albuminuria,

which appeared in Paris in 1838; altogether presenting to the profession in Germany an epitome of the labors of three distinct observers, acting independently of each other, in Dublin, London and Paris. It was only to be regretted that the researches carried on at Edinburgh by Drs. Christison and Gregory were, owing to some accidental cause, omitted, and that the merits of Dr. Bright, who first opened the subject, were not sufficiently acknowledged. This, however, is now unnecessary; the name of "Bright's disease of the kidney" is not likely ever to go out of use; and in pathology, as in natural history, the memory of eminent merit will thus be perpetuated in its nomenclature.

Healthy urine, when first passed, is translucent, and becomes transparent as soon as the epithelial scales (*olim* mucus) of the bladder and urinary passages have separated from the body of the fluid. Thus the pellucid cloud is formed, and inasmuch as it always retains the same specific gravity, provided the bladder and passages are healthy, it always occupies the same locality, that is, at the lower third of the vessel in which the urine has cooled. If the urine, however, has a greater density than usual, such as occurs in high fevers, then the mucous cloud serves the purpose of a hydrometer, and takes its place at the top of the fluid. It sometimes has a kind of opacity as if a powder was sprinkled on it, arising from the urate of ammonia being intercepted in its precipitation, which is known from its disappearance when heated to about 100°. In other cases it never forms a cloud, but remains diffused through the liquid, an appearance generally connected with alkaline urine; and when there is a considerable degree of irritation of the bladder or passages, it forms a stratum adherent to the bottom of the vessel.

The specific gravity of the urine, which, in health, is commonly about 1025, is, in this disease, in the majority of cases, about ten degrees lower. In Bright's and Barlow's cases it was below 1020 in twenty out of twenty-seven cases tried. It may appear difficult to reconcile a low specific gravity with the addition of albumen; but this difficulty ceases when we recollect the low specific gravity of the serum of the blood in this disease, it being occasionally as low as 1018 or 1015 (Rees,) the standard of health being about 1029 to 1031. The low specific gravity of the urine, however, is by no means to be depended on as a point of diagnosis, as it is often high in this, and low in other diseases. Thus, the day in which I write,

I have examined in five cases, and find it to be 1020 in two cases with albuminous urine, 1015 in two cases of ascites, and 1012 in a case of gastro-enteritis, the latter three being free from albumen. The low specific gravity appears to be mainly owing to the deficiency of urea, but this is subject to the alterations which the secretion of more or less fluid along with it may produce.

When healthy urine is heated it acquires additional transparency before reaching the boiling point, and then throws up a succession of bubbles, which leave a froth on the surface. This froth may be permanent, although no albumen can be detected either by heat or nitric acid; and if the urine be heated too rapidly it may carry up albumen should the fluid contain it in small quantity only, and thus exhibit the body of the fluid clear. Hence, as albumen coagulates at 170°, it is best, in applying heat as a test for it, not to urge it on to the boiling point until we have, by careful examination, previously ascertained that no cloudiness has been produced at the lower temperature. It is also incorrect to heat it in the common metallic spoons, which may have contracted rust, and, by retaining animal matter, give rise to indications belonging to the presence of albumen.

The two sources of error, in applying the test of heat, which are most liable to occur, are — first, that, when it is alkaline, it may, by holding the albumen in solution, remain clear; to obviate this, it should previously be examined to ascertain if it is alkaline, in which case a few drops of vinegar are to be added; and, secondly, that in some cases, even when acid, it may deposit the phospate of lime. This, however, will not occur until it has been heated to above 170°; the appearance of it too is that of a powder, and it shows no flakes or shreds like albumen. When, however, any doubt can exist, the addition of a few drops of nitric acid, which dissolve the phosphate but not the albumen, will terminate it.

Many of the latest researches on albuminous urine and the diseases connected therewith, however interesting to the physiologist, and however extensive the field into which they have led, are still unproductive as to positive and practical results. The unbounded confidence demanded for even the highest powers of the microsoope, to the neglect of the ordinary use of our eyes, and the no less exclusive importance attached to conclusions derived from the present doctrines of chemistry, are well calculated to seduce us from the old path of clinical observation. Here, however, the history of medicine raises

her warning voice, and reminds us of the exclusively mathematical and chemical pathologists who appeared during the two last centuries, and who, though building on principles then held as certain as any that can now be produced, have only left hypotheses instead of discoveries, and retarded while they seemed to advance the progress of medical science.

No subject has, of late, been so completely taken possession of by exclusively chemical pathologists as albuminous urine; and the state of the kidney has been an equally fruitful theme for the microscopists. Hence have arisen a number of researches, curious, no doubt, and in the main valuable, as confirming the general fact of the connexion between albuminous urine and disease of the kidney. Some have restricted it to a fatty degeneration, and others have referred it altogether to a primary disease of the blood. Strange that the ap pearance of albumen in the decoction of the kidney should create such difficulties, when its appearance in other secretions is either passed by as not worthy of notice, or, if noticed, has been disregarded, and considered in the light of a necessary and every day occurrence. The want of a due appreciation of this similarity of action between the kidneys and other parts of the body, appears to me to lie at the bottom of most of the views which have been entertained on the subject; and the most important and leading fact which I now wish to bring before the reader's notice is this, that the passage of albumen from the kidney has nothing in it peculiarly out of the way, or of necessity belonging to that organ, but that albumen is poured out by every secreting surface, when it happens to be either inflamed or congested.

First, in the Schneiderian membrane. "In the watery discharge from the Schneiderian membrane," says Wagner, p. 446, "there is not a trace of mucus or epithelium, but it contains a small quantity of albumen, which may be coagulated by alcohol. The dissolved saline matters, mostly common salt, shoot into their appropriate crystalline forms on the glass plate upon which a drop is allowed to evaporate. The mucus gradually returns as the secretion becomes thicker, and now numerous epithelial cells, in a state of transition into pus-globules, make their appearance."

Secondly, in the skin, the fluid exudation in acute inflammations coagulates by heat, and is manifestly albuminous. The fresh trans-

parent scab becomes opaque by evaporation, and is dissolved by tepid water, but, if taken off, it becomes fixed and hard in water when approaching the boiling point. In its fresh state, it has almost exactly the appearance assumed by fragments of the white of an egg coagulated by heat, and then left exposed to the air, which in a few days become transparent, acquire a yellow color and a firm consistence, in which form they remain.

Thirdly, in the bowels, the exudation of albumen, to a large amount, might easily be conjectured from the peculiarly viscid consistence of the semi-fluid fæces discharged in certain stages of gastro-enteric fever; but its occurrence is put beyond all doubt by the following observations of Professor Œsterleus of Stuttgard.* He examined the excretions of the patients under his care during a recent epidemic diarrhœa in the Baltic provinces, and ascertained that the more violent the attack and the nearer to its commencement, the more abundant was the discharge of albumen in the stools. The average daily loss during the first fourteen days was from 700 to 800 grains, and during the last eight days 300 grains.

Fourthly, in the lungs. It is here that we have the best opportunity of seeing the albuminous discharge in consequence of inflammation. The natural secretion of the air-vesicles is only halitus, and from the bronchial tubes there is no expectoration in health. When pneumonia comes on, then we see the well known viscid and rusty colored expectoration; now this is albuminous, and coagulates, in the highest degree, by heat. This may readily be seen by first heating water in a table-spoon, and then holding the vessel containing the expectoration over it, so that some portion may hang down from the edge of the vessel and be intercepted by the water in the spoon. By urging the heat of the water, the intercepted portion soon resembles the white of an egg, which, in boiling, has escaped from a crack in the shell. Nor is the albuminous expectoration confined to pneumonia. The same is to be observed in minor degrees in all the forms of bronchitis, and also in phthisis, where, however, as it is mixed with the contents of abscesses, it does not apply to our present observations.

Seeing, then, that albumen is thus extensively poured out by se-

* London Medical Gazette, 1850.

creting organs when inflamed, is there anything extraordinary, or anything more than ought to be expected, when we observe the kidneys doing the same? If reasoning from analogy is to be allowed, and if we may form conclusions as to what goes on in an obscure organ, from what we can see in those more immediately accessible to our means of observation, then the appearance of albumen in a secretion which in health does not contain any, should indicate that inflammation has taken place in that organ. This conclusion, with regard to the kidneys, is confirmed by what, in the vast majority of cases, we see after death. Without entering into the minutiæ of appearances recorded by Rokitanski and others, we have two leading forms of disease; first, the deposition of granular masses impermeable to injection, and causing a corresponding enlargement of size in the organ; and, secondly, the contracted kidney, with diminished size of the organ, an indurated and impermeable condition of it, and a remarkable diminution in the caliber of the blood vessels. Now, in the first, we cannot avoid recognising a correspondence with cirrhosis, in the lung. In both of these states the albuminous and frequently bloody or smoked urine, corresponds with the viscid and rusty expectoration of pneumonia; while the deficiency of urea, as indicated by the want of natural color and low specific gravity, indicates the same impediment to the performance of the peculiar function of the organ, as we see in the well known indications of impeded arterialization of the blood occurring in pneumonia. Nor does the analogy of the symptoms of inflammation of the lungs and the kidneys stop here. In both the pain is so dull as often to be imperceptible; in both there is rather a depressed than an excited state of the circulation; and in both the occurrence of simple inflammatory abscess within the substance of the organ is an event of great rarity.

And now a few words on cases of albuminous urine without disease of the kidney.

First, In disease of the bladder the urine is sometimes loaded with purulent discharges, which may be confounded with an albuminous condition of it. Such cases are, however, to be distinguished by their appropriate symptoms

Second, It has been observed in the dying, when undergoing a protracted agony previously to death. Although I have not had occasion to observe this fact in sufficiently distinct cases, yet, indepen-

dently of the credit due to those who have mentioned it, analogy should leave little doubt on the subject. In examining the bronchial tubes in such cases, we find them more or less filled with viscid frothy fluid, causing the rattles; and this fluid I have often observed to be bloody, like a solution of red currant jelly, even in cases where there had never been a trace of hemoptysis during life; thus showing that, at the approach of death, a discharge directly from the blood vessels must have taken place. It is also in the highest degree probable that this albuminous exudation is not confined to the kidneys or bronchial tubes, but that it also takes place at the same time in the bowels and the skin, and is an ingredient in the diarrhœa and clammy exudation from the cutaneous surface so often accompanying such cases.

Third, Albuminous urine may be produced by pressure applied on the kidneys, or rather on their vessels. Dr. Robinson, of Newcastle,* showed that ligatures on the emulgent veins produce albuminous urine. I had, within the present year, a patient in Mercer's Hospital who afforded a good illustration on this point. She was aged about 50, and, after death, was found to have the kidneys nearly healthy; but a large abdominal tumor, for the most part filled with fluid, and connected with one of the ovaries, had progressively increased during about ten months, until it had attained an enormous size. In proportion as the abdomen enlarged she became more and more emaciated, until she sank at last, apparently from debility of the heart and diaphragm. During the greater part of her illness the urine was free from albumen, but on one or two occasions it became highly albuminous, and afterwards resumed its previous state; and these accessions of albumen always corresponded with periods of peculiar distress from the pressure of the tumor. To the same agency of pressure may be referred cases of temporary albuminous urine from pregnancy, and also from dyspepsia, in which there is no diffidulty in understanding how the tension of flatus may compress the emulgent veins, and thus cause congestion and consequent effusion of serum into the urine.

Fourth, Albuminous urine has been found in cases of general fever. Thus, it has been stated by Dr. Finger, of Prague, that among 600 cases he found it in 155. I cannot confirm any part of this

* London Medical Gazette, 1850.

statement from my own observations, which lead me to infer the absence of it in febrile cases, although I have always used the heat test' which, with the precautions above mentioned, is more delicate than nitric acid. However, it is certainly not improbable that the kidney in fever may occasionally, according as congestion predominates, throw out albumen. It has been also stated that the first urine secreted by patients recovering from Asiatic cholera is albuminous, which also, *a priori*, appears probable from the facts already stated.

It is, however, necessary to observe that in all these cases, when the albumen is discharged, there is a disease of the kidneys actually present, and that it, at that time, as surely indicates a diseased state of the kidney, as expectoration denotes disease of the lungs or bronchial membranes, past or present. Indeed there cannot be conceived such a thing as a merely functional disease. The action of one part may be deranged by disease in another, but disease there must be somewhere. Now in the urine we often observe varieties in the proportion of its constituents, producing various degrees in the depth of its color and the formation of deposits, in consequence of some of its constituents combining into insoluble compounds; and all these are, as we see in daily experience, produced by very slight disturbances derived from remote organs; but the discharge of albumen never appears to me to take place except in the cases now mentioned, in all of which there is either primary disease of the organ itself, or else disease affecting it in the same manner as the other secreting organs above mentioned. When we inquire how are we to distinguish between these, we must recollect the conditions of the organ affected, how its sensibility is nearly confined to the membranes, and how its substance may in consequence be highly inflamed, with as little pain accompanying it as accompanies inflammation of the lung or the liver, as long as the membranes of these organs continue unaffected.

Pain, then, is not to be sought for as a symptom of nephritis affecting the substance of the organ; there is, certainly, a dull pain in the region of the kidneys in many acute cases, but the vagueness as to its seat, and its liability to be confounded with muscular pain, render it doubtful in diagnosis, while its absence utterly fails in proving a negative. The cases of nephritis accompanied by violent pain are those in which the pelvis of the kidney, and the ureter are engaged, and especially those connected with calculus The intensity

of pain in these cases has been given, in all the systematic nosological works, as a leading symptom of nephritis; and thus the real nephritis, consisting in inflammation of the substance of the kidney, has been lost sight of, and has remained in the same kind of obscurity in which pneumonia was long involved, until it was distinguished from pleurisy on the one hand and bronchitis on the other. Having once understood that the kidney may be inflamed, without any remarkable pain accompanying it, and then knowing how frequently the substance of the organ exhibits those changes which in the lung would be recognized as the results of inflammation, and knowing that there is no organ in the body more under the dominion of vicissitudes of climate or intemperance, or which, *a priori*, might be supposed more liable to be inflamed, we are naturally led to ask, what ought to be the symptoms of its being inflamed? The answer to this question will be the symptom's of Bright's disease, as follows:

First, Dull pain in the region of the kidneys, which, however, may or may not be present.

Second, Effusion of albumen, and sometimes of blood-globules, in the urine.

Third, Deficiency of urea in the urine, and the presence of it in the blood.

Fourth, Feebleness of the pulse, coldness of the surface, stoppage of perspiration.

Fifth, General œdema, and effusions into the serous cavities.

Sixth, Gastric, intestinal, vesical, or bronchial irritation; tendency to coma, and low delirium or convulsions.

The serious effusions in various parts of the body appear under two states. First, in acute cases, when the skin is locked up and the urine at the same time diminished, the increase of fluid in the blood appears to seek this mode of relief. Secondly, in chronic cases, when, either from the presence of urea or from the constant drain of albumen, or from both causes combined, the quality of the blood is so changed as no longer to stimulate the heart or capillaries to their accustomed and healthy action. From the retardation of the circulation thus produced, effusions into the surrounding parts follow as a necessary consequence. To illustrate how the want of stimulation in the blood may produce dropsical swellings, I may mention a case of this disease now under my care, in which, by the

employment of minute doses of iron, combined with alkalies, not only heat of the surface, but also considerable diminution of swellings, has taken place in a few days, without any sensible effect being produced on the skin, the kidneys, or the bowels.

The irritation of the various mucus surfaces, and the affections of the brain, mentioned under the last head, have been very generally considered to be an effect of the urea circulating in the blood; and that such is the case is rendered sufficiently probable from the results of experiments made by extirpating the kidneys in animals. I had a case the year before last confirmatory of this opinion. A widow, fifty-six years of age, had, as was discovered after death, a growth of cancerous structure embracing the neck of the uterus and extending to the posterior wall of the bladder. Here it had completely closed up the orifice of one ureter, and had rendered the other impenetrable, except by much manipulation and application of strong pressure with a probe; both ureters were much, and nearly equally, distended; one kidney enlarged, with granular structure, and the other beginning to be atrophied; there was some fluid in the peritoneum. She was received into the hospital making no complaint, except that she had not passed urine for several days, and that she had repeatedly vomited. The bladder was repeatedly examined, and always found empty; according as the vomiting ceased, a state of constant drowsiness came on, and she eventually became comatose, and died on the fourteenth day from the commencement of the stoppage of urine.

From a review of these facts, I am forced to the opinion that the appropriate name for Bright's disease of the kidneys is nephritis, and that, *mutatis mutandis*, we have in it the same pathological state as that which we call pneumonia in the lungs, characterized by an albuminous discharge and impeded function during life, and by hepatization and cirrhosis after death.

With regard to the cause of the disease, I have only to repeat my conviction that it is, in a great majority of cases, derived from the skin. The obstruction of the perspiration, either from cold or from previous inflammation of the skin (as in cases occurring after scarlatina,) or from torpid circulation in the cutaneous vessels, by which all the changes arising from climate are thrown on the interior, is the great agency in the production of this disease. Dr. Fourcault, of Paris,* has almost reduced this to demonstration. He applied var-

* Lancet, 1844.

nishes to the skins of animals, and found that one of the most invariable consequences was the production of albumen in the urine.

The treatment of this disease will evidently be much influenced by the opinion the practitioner has formed as to its cause. I incurred the doubts and censures of some truly estimable critics for having stated that I had never failed in removing the dropsical swellings when the entire surface of the body was restored to a perspiring state; and those censures were fully merited if I had intended to hold out such favorable expectations absolutely and unconditionally. When the healthy action of the skin is restored over the whole surface, and not merely in the hands or feet, then I have always witnessed a removal, more or less complete, of the swellings, *provided*, there was sufficient vital force to maintain the due celerity of the circulation, and that the disease remained uncomplicated with any other. In Drs. Bright and Barlow's cases, published in 1843, there is a considerably larger proportion of cases reported with moist skin than have occurred to me in the disease; and it is to be regretted that, in so valuable a report, it was not stated in how far the moisture was general, or whether it was not confined to those parts of the skin furnished with copiously secreting mucus crypts, and altogether to be distinguished from the system of cutaneous exhalation. However, taking it as it stands, it appears that all the *moist skins* therein recorded, which ended fatally, were not simple, but complicated, and are as follows: — One, a child, hydrocephalus; one, valvular disease of the heart; one, menorrhagia; two, phthisis: and two, chronic bronchitis.

The means of opening the skin are various; but, unfortunately, there are many cases in which they will all fail, or not succeed until it is too late, in consequence of the supervention of other diseases. General baths are rarely suitable, on account of the deficient action of the heart and capillaries, and are, on this account, likely to be followed by increased coldness of the surface and extremeties, and frequently increased œdema; even pediluvia are not free from the same objection. I have already mentioned that a one-leg vapor-bath for some hours, and applied for several evenings consecutively, had often induced perspiration in the one limb, which by continuous sympathy was soon afterwards spontaneously diffused over the entire surface. I have subsequently, and frequently with decided success, kept one limb in a hot water bath for several hours, on the same principle; and I have in my notes an instance in which this one-

leg bath, for two hours every night, assisted by diaphoretic treatment, had failed, until a quarter of a pound of carbonate of potash was added to it, when it at once produced the desired effect. In almost every case a large bag of hot salt, or a jar filled with hot water, placed in the bed at night, furnishes a topical hot-air bath; and the former, although not retaining the heat so long, yet has the advantage that the patient can apply it according to his feelings or convenience.

The diaphoretic which I have most frequently used has been half a drachm of ammoniated tincture of guaiacum, five grains of sulphuret of potassium, and half an ounce of the water of acetate of ammonia, taken at bed-hour; the patient drinking at the same time a whey made of twelve ounces of boiling milk, and one ounce and a half of molasses, of the diaphoretic qualities of which I have spoken on a previous occasion. The topical evacuation of blood in acute cases, and the application of irritants to the region of the kidneys, although not commonly attended with any immediate results, are yet rarely to be dispensed with in a disease like this, demanding the employment of all the resources of our art. The most useful counter-irritation appears to me to be not that which is supposed to act as a drain, such as issues or suppurating surfaces of blisters, but rather that kept up by fresh applications of irritants; for example, straps of blistering plaster applied in succession, and, according as they are taken off, dressed with cotton-wool, while the entire region of the loins is kept covered either with a thick coating of the same material, or occasionally enveloped with a poultice covered with oiled silk. For slighter degrees of irritants, which are often preferable, as affording the advantage of being more frequently applied, we have the paste of mustard, which, being made with hot water, should be at once directly placed with a spoon on the skin, in order to avoid the contact of cold with the back, which, in many cases, causes a peculiarly annoying sensation, worse even than pain. There is also the mixture of mustard paste and oil of turpentine, three parts of the former to one of the latter, which, incongruous as it may appear, is yet strictly chemical, both the fixed and volatile oils being soluble in that of turpentine. This, retained for a quarter of an hour, leaves a redness much more permanent than that from mustard alone, and, when frequently applied, has appeared to produce an effect beyond that of mere counter-irritation.

I have nothing to add on the subject of mercury. In most cases the combination of one grain of iodine with a scruple of blue pill, to be divided into ten pills, and one to be taken thrice daily, succeeds in inducing a mild mercurial action in about four days; and there are few cases in which the anxiety of the practitioner will allow him to abstain altogether from either iodine or mercury; but I have learned, since I last wrote on the subject, never to use these agents for a long continuance, having been led, both in this and a long range of inflammatory complaints, into the habit of using a combination of alkalies, which has appeared to me to exert on the kidney in particular, an action which may almost be considered as specific.

It must be borne in mind that alkalescence is a necessary condition of the blood, that the blood is never found otherwise,* and that the free alkali is soda; that when soda fails, either from deficiency of supply, or from want of power to decompose the muriate of soda in the stomach, the result will be coagulation of the blood in the capillary vessels, and the phenomena of inflammation in those parts where such coagulation has taken place; that both potash and soda taken into the stomach, either uncombined or as carbonates, are freely absorbed into the blood, and thus frequently render the urine alkaline; that both alkalies (and potash especially) have the power of dissolving fibrine, even when much diluted. We are hence led by a chain of facts which, in the present state of our knowledge, must be regarded as admitted, to the conclusion, that if, in any disease, the kidneys contain fibrinous deposits within their vessels, the administration of alkalies ought to be a powerful means for their removal. Nor has their effect weakened my confidence. In every case, where the skin is opened, the patient's strength adequate, and no complication present, I look forward to alkalies as the chief means of restoration. As, however, a long continued use of them causes debility in the action of the heart, considerable circumspection is required; their administration must be often not only restricted in time, but must also be accompanied by stimulants and tonics suited to the exigencies of each individual case.

The combination which I use in the hospital is, liquor potassæ

* It sometimes appears neutral to turmeric, but never to reddened litmus, which is the more delicate test.

and carbonate of soda, of each two drachms, dissolved in eight ounces of decoction of Carrageen moss.* Of this, a table-spoonful is taken in milk every two hours during the day. To the above is frequently added one or two drachms of sesqui-carbonate of ammonia, according to the state of the stomach, and the want of stimulus which may appear to exist. With the observations made in favor of iron in this disease, I, in a great measure, concur; and the indications for it are manifest when we consider the deficiency of the blood-globules in the chronic stages. For this purpose, forty grains of the tartrate of iron are added to the above. This preparation is preferred, not only as having the advantage of not being decomposed by the alkalies of the combination, but as being well received by even irritable stomachs, as not astringing the bowels, and as, according to late communications by M. Leras, of Brest, and Professor Mialhe,† being entirely absorbed, if not in the stomach, yet certainly in the intestines, — whence passing entirely into the blood, it appears to be retained, as is inferred from its not being eliminated by the urine, and from its effects on the system being always in proportion to the dose taken.

The employment of purgatives may easily be overlooked, in our anxiety to strike at the root of the disease; but yet their value can hardly be over-estimated, and is indeed limited only by the tendency to gastritis and enteritis which so generally prevails. If it be true, as is stated, that the stomach and bowels have the faculty of secreting

* This is highly esteemed in Germany, but, like many other of our native productions is peculiarly neglected in Ireland, although its use was first made known here by Mr. Todhunter, about 20 years ago. The decoction has peculiar advantages, keeps for above a fortnight, is not disagreeable to the taste, even without any addition, may be taken in large quantities without sickening the stomach, and is a useful and economical article for dispensary and hospital practice. It also deserves particular notice, as the collecting it would afford a profitable employment for the poor on our sea coasts. The real *Chondrus crispus*, easily known by its flat fronds and broad dichotomous terminations, is commonly mixed up with *Chondrus mamillosus*, which differs from it principally by having small pedicelled capsules scattered over the flat surface of the frond. They ought to be distinguished and kept separate; for while in the former, Dupasquier has, by incinera ion, detected a considerable proportion of iodine and bromine, the latter, according to the analysis of Herberger, is free from both. For our present purpose the former is to be preferred.

† Encyclographie, 1850.

urea supplementary to the kidneys, then the tendency now mentioned must be viewed as an effort of nature to relieve herself, when the proper emunctories are unable to do so. Certain it is, that a powerful purgative, as elaterium, given with due intervals interposed, tells more on the swellings, and exhausts the strength less, than the plan of daily purging. Having observed absorption of swellings to have been often much promoted when elaterium acted as an emetic as well as on the bowels, and bearing in mind the mutual sympathies between the stomach and kidneys, and the effect of ipecacuanha in stopping hemorrhages, I have been brought to the use of ipecacuan emetics in this disease. To illustrate its effects: the last case in which I gave it was one in which the skin had continued obstinate, and the œdema had been diminished, but only for a time, as it returned, and along with it there were increasing stupor, delirium and diarrhœa. Half a drachm of ipecacuanha, in pennyroyal water, produced a powerful effect, first on the stomach, and then on the bowels. On the next day, a great change was found to have taken place. The stupor and delirium were entirely removed, the diarrhœa ceased, the œdema was greatly diminished, and a commencement of perspiration had taken place on the back, which, in a few nights, was extended over the whole surface; and the case was thus put into a clear way of recovery, which is now nearly accomplished.

Besides those cases in which it becomes a matter of necessity to give sulphate of quina and cordials, and in which, by thus supporting the circulation, we gain time to carry on our operations against the disease itself, there are others in which, after great progress has been made, there still remains, along with albuminous urine, a shifting form of œdema, in consequence of debility supervening on the original disease, and resembling bronchorrhœa succeeding to pneumonia in debilitated subjects. In one of these I lately obtained a very decided change for the better, by means of gallic acid; and in another, although the urine is still slightly albuminous, yet by residence in the country, and attention to the maintenance of the cutaneous discharge, for which purpose the patient wears a chamois dress next his skin, any further progress of the disease has been averted, now for the space of nearly four years. — *Dublin Quarterly Journal of Medical Science.*

OBSTETRICS.

ART. II. — *On Ovarian Irritation.** By FLEETWOOD CHURCHILL, M. D., T. C. D. & E., and M. R. I. A., Hon. Fellow of the College of Physicians, &c., &c.

The following description relates to an affection which, although very common, is but little noticed in books. This has probably arisen from its having been placed among the symptoms of other diseases, although it is quite distinguishable from them.

It resembles most closely the disease described by Dr. Tilt under the name of subacute ovaritis; but the cases I have seen have led me to differ from that very intelligent writer, and to conclude that the affection to which I refer is not inflammatory. I have, therefore, preferred the term *Ovarian Irritation.*

I have met with it in women of all ages between the commencement and cessation of menstruation, so that I do not think age has much influence in the production of the disease; but I am quite certain that it is most frequent in women of a delicate, nervous temperament, though by no means confined to them.

The chief characteristic symptom is an uneasiness, amounting in the greater number of cases to pain, and in some cases to very severe pain, in one or both iliac or inguinal regions, but most frequently in the left, which Professor Simpson seems to think is owing to the propinquity of the left ovary to the rectum, and the exposure to any irritation thence arising. This pain may be a constant dull aching, or it may be acute and occurring in paroxysms; it is greatly aggravated by standing, and generally by walking; indeed, in the severer cases, I have known the patient quite unable to walk.

There is generally some complaint of fulness about the iliac region, but upon careful examination I have rarely been able to satisfy myself that this was more than a sensation; I certainly never felt any thing like a distinct tumor. There is, however, always considerable tenderness, which in some cases is extreme to the slightest touch. When the irritation is great, it may be extended to the bladder, giving rise to a desire to evacuate its contents frequently, and causing great pain in doing so. Hysterical paroxysms are by no means unfrequent.

* Read before the Association of the College of Physicians, Ireland.

In two of the most violent cases of hysteria that I have seen for some time, there was extreme tenderness of the region of the left ovary, and pressure there aggravated the hysterical paroxysm.

If we make a vaginal or rectal examination, we shall most frequently discover nothing unusual, neither heat nor tenderness nor swelling; in a few cases, however, I have found that moving the uterus laterally caused uneasiness in the side affected. When speaking of a rectal examination in subacute ovaritis, Dr. Tilt remarks, that the ovaries are more or less painful on pressure, and that they are from twice to four times their original size.* This I have not found in the affection now under consideration, and it constitutes one reason for my doubting that it is the same disease as that described by Dr. Tilt.

These are the principal local and direct symptoms I have observed; they vary much in degree, and are in some cases so intense as to resemble an attack of acute ovaritis. They differ also more or less according to the circumstances in which the attack occurs; and in order to elucidate this point, I shall briefly enumerate the circumstances.

1. In patients who suffer occasionally from amenorrhœa, it is not uncommon to find ovarian irritation at these periods, and not altogether confined to them. Whether the ovarian irritation be the cause of the suppression of the catamenia, or merely a symptom, is a question not easily decided. In many cases I think it is probably the primary affection, but in some others it appears to be the result of the amenorrhœa. The suffering is often considerable, and may be prolonged until the next catamenial evacuation; if that be full and free, the pain and tenderness generally disappear.

2. Upon the sudden suppression of menstruation, it is not unusual for the ovaries to be almost instantly affected, either by the form of disease I have described, or by an acute inflammatory attack, which is more rare.

3. In dysmenorrhœa there is more or less ovarian irritation. If we examine the patient minutely as to the seat of the pain during the period, we shall find that it is principally in the region of one or both ovaries and often accompanied by tenderness on pressure. In the majority of these cases I am inclined to think that the ovaries are secondarily affected.

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* On Diseases of Menstruation, &c., p. 79.

4. In menorrhagia, the ovaries may apparently preserve their integrity for a long time; but if the attacks be frequent, I have generally found that these organs, one or both, become affected, and that the irritation frequently continues long after the discharge has ceased.

5. I have repeatedly seen this ovarian irritation accompany congestion and erosion of the cervix uteri, but it most frequently comes on after the latter disease has persisted for some time, or after it is nearly or quite cured. The ovarian irritation, however, in these cases, very soon subsides.

6. I have already mentioned its occurrence in hysteria, both when the latter is evidently dependent upon catamenial disturbance, and when the periodical discharge is quite correct.

7. In some few cases I have recognised ovarian irritation in cases where the uterine and ovarian monthly functions were apparently accurately performed, but the patients were of a highly nervous temperament, in delicate health, and without offspring.

These various classes include, I think, all or nearly all the examples of the disease which have come under my observation. In many cases it requires care to separate the ovarian symptoms from those caused by the concurrent disease, but in other instances this distinction is quite obvious. When uncomplicated, the disorder rarely gives rise to any general or constitutional symptoms. Many of the subjects of it are delicate and weak, and of course this attack keeps them so; but ordinarily the pulse is not quickened by it, and there is neither heat of skin nor thirst. The appetite is seldom good, but it is not worse than usual, and the bowels are generally irregular. I have examined the urinary secretion, and have repeatedly found it scanty, acid, and occasionally mixed with mucus.

As to the *pathology* of this affection, there are several points of considerable interest. I think we can entertain no doubt that the ovaries, one or both, are the seat of the irritation: the peculiar and fixed locality of the pain, and its frequent connexion with the ovarian function of menstruation, all confirm this view. But the next question is more difficult to decide positively, viz., is the disorder an inflammatory affection of the ovaries, either acute or subacute? The disease described by Dr. Tilt certainly presents characteristics of inflammation, which I have never observed in the present disorder. The absence of tumefaction generally, and of a distinct tumor al-

ways, the negative results of an examination *per vaginam* and *per rectum*, the intermitting and paroxysmal character of the attack, the absence of all the ordinary results of inflammation (as abscess, accumulation of fluid, &c.), even in the several cases, and the success of a certain line of treatment, are all, to my mind, very strong arguments for the non-inflammatory nature of the disease. In most of these particulars, it differs from the subacute ovaritis of Dr. Tilt. I have certainly seen some cases in which the point seemed doubtful, and it is probable that the one form of disease may, under certain circumstances, merge in the other; but I cannot resist the conviction, that the affection I have described is essentially neuralgic, and not inflammatory.

Again, it may be asked, is this ovarian irritation the cause of the menstrual disorder or its effect, or merely a concomitant symptom? No one acquainted with the present state of ovarian physiology could deny that the integrity of the menstrual function must be largely influenced by the condition of the ovaries. If this ovarian irritation always preceded the catamenial period, I should be inclined to attribute to it the subsequent distress; and in many cases it appeared to me that I could so trace it as the chief cause. But, in some cases, the ovarian irritation distinctly followed the menstrual disturbance or came on towards the termination of the monthly period; and lastly, in other cases, the irritation existed with no catamenial derangement at all. Without doubting, therefore, that ovarian irritation may disturb the menstrual functions in various ways, I cannot agree with those who think that it invariably does so, nor yet with those who are inclined to attribute all menstrual disorders to deviations from the normal condition of the ovaries.

I need not occupy time by enumerating many *causes* for its production; all those which act either upon the uterus or ovary and disturb their functions, may be considered as causes of ovarian irritation, and among these the most frequent, probably, is cold.

I believe that, in many cases, excess in sensual intercourse has given rise to it; and I am also inclined to think, that in a few cases I have known it originate from the entire deprivation of that stimulus. For some valuable remarks upon this subject I shall refer my readers to Dr. Tilt's excellent work,* a review of which appeared

* On Diseases of Menstruation, &c., p. 53.

in a late number of this Journal; all that he says upon this point is, I think, equally applicable to ovaritis and ovarian irritation.

The circumstances under which the attack occurs, I mean its relation to the menstrual functions, the symptoms, and the peculiar locality of the pain, render the *diagnosis* tolerably easy in most cases. It may, certainly be mistaken for intestinal irritation; but, in general, there are no other symptoms than the pain to justify such an opinion. The bowels, even if irregular, are free from irritability.

It will, however, require a little more trouble to render it certain that there is not acute ovaritis, which the tenderness might lead us to suspect. But this tenderness is *generally much greater than that resulting from inflammation;* it is a kind of a nervous tenderness which shrinks from the weight of a finger, as much as from severe pressure. Moreover, in acute ovaritis, the organ is always swollen and enlarged, and it can generally be felt distinctly to be so by an internal examination.

In phlegmonous inflammation of the uterine appendages, or pelvic abscess, as it has been termed, the hard and painful tumefaction is quite plain at the brim of the pelvis, and, therefore, it cannot easily be confounded with the present disorder.

I shall not enter at any length into details of the *treatment* of this disease, inasmuch as I have only my own experience to which I can refer. The choice of remedies will be governed, to a certain extent, by the health, strength, and state of constitution of our patient. With strong, healthy women I have tried leeches to the ovarian region, with some benefit but not complete success, nor in all cases; from six to twelve may be applied at once, and repeated, if necessary, after an interval. Poultices after the leeching are of use; and indeed, when no leeches have been applied, I have seen much comfort and relief derived from repeated poulticing. With delicate women, and they are frequently the subjects of this disease, bleeding in any form has appeared to me rather injurious than beneficial.

I have tried the repeated application of small blisters with better results than leeching. The irritation of the surface certainly relieves the pain in many cases, and, if continued, may finally cure it; but I must confess I have seen it fail repeatedly.

Anodyne liniments and anodyne plasters occasionally seem to afford relief, but they are often of little or no use; I tried anodyne enemata several times with partial success.

In two or three cases I used the tincture of aconite, applied liber-

ally to the iliac region, but I confess the result disappointed the expectations I had formed.

Having failed in affording any relief in two or three obstinate cases, I determined to try the effect of opium applied to the upper part of the vaginal surface. I accordingly ordered some balls or pessaries to be made, somewhat in the mode of Dr. Simpson's medicated pessaries, each ball to contain two grains of opium, half a drachm of white wax, and a drachm and a half of lard. The whole, when mixed together, formed a ball about the size of a large marble, and I placed it at the upper end of the vagina by means of the speculum, leaving the patient in bed for the rest of the day. The success was quite beyond my expectation; the relief was very speedy, and in most instances complete. Even when the pain did return after a few days, a second application removed it. The tenderness disappeared with the pain, and no unpleasant consequences have resulted in any instance.

I have now tried this remedy in a considerable number of cases, and with almost invariable success. I have rarely found it necessary to bleed or blister since I first adopted this plan; and I recommend it, with considerable confidence, to the profession. I may add that I have tried these pessaries in cases of dysmenorrhœa, applying one the day before the catamenia were expected, with decided benefit.

It is hardly necessary to say that, in this disease, the bowels should be regulated, and gently freed by medicine when necessary. If the appetite is bad, vegetable bitters may be given, and I have generally found it useful to combine some alkali with them.—*Dublin Quarterly Journal of Medical Science.*

ART. III.—*Aneurism of the Common Carotid Artery; Deligation of the Vessel; Death.*

Our readers may remember that the carotid artery was tied some months ago, with perfect success, by Mr. Johnston, at St. George's Hospital. The deligation of the vessel was here undertaken for the sake of commanding hemorrhage from the interior of the mouth, brought on by the thrust therein of the point of a parasol. The boy did extremely well, and presented none of the cerebral symptoms which are said sometimes to follow the interrupted supply of the blood to the brain.

We have now to put upon record an operation of the same kind, performed upon an adult, for the cure of an aneurism of the carotid artery. Though many methods have by turns been proposed to procure the obliteration of the sac,—as pressure, injection, and galvano-puncture,—the results have been so unsatisfactory, that the only means likely to afford permanent relief is the deligation of the vessel on the cardiac side of the tumor. Such deligation seems, however, somewhat hazardous, when so important a trunk as the carotid artery is to be tied; but the cerebral disturbance which might naturally be looked forward to, is in fact very seldom noticed.

It is well known that we are indebted to chance for the discovery of the inocuity of this operation; a surgeon wounds the carotid whilst removing a schirrous tumor from the side of the face, and to save his patient's life, he ties the vessel, and the case does well. Abernethy was the first, in this country, who attempted the operation; Fleming followed his example, and the deligation of the carotid artery soon became an established and acknowledged operation in surgery. The vessel has been several times tied for the cure of aneurism by anastomosis, or erectile tumors in the cheek or eye: Mr. Travers, Mr. Dalrymple, Mr. Wardrop, have successfully operated in this country in cases of this nature.

When the deligation is undertaken for the cure of aneurism, it is of course very advantageous that the tumor should be so situated as to allow of the ligature being applied in that portion of the course of the artery which offers the greatest facility for such operation—viz., in the upper triangle of the neck. But aneurismal tumors are sometimes situated so low down, as to leave but very little room between their lower border and the clavicle; here the dissection will of course be longer, and the whole operation require much caution. Dr. Robertson, of Edinburgh, operated in a case of carotid aneurism where the sac was situated low down, and the tumor had burst into the œsophagus; he made his incision to the internal side of the sterno-mastoid muscle only one inch in length, and succeeded in securing the vessel. Mr. Fergusson had to surmount a difficulty of the same kind, as the tumor came close to the clavicle; the artery was, however, laid bare and tied, after a careful dissection, which presented more than usual difficulty.

Mary S., aged thirty-eight, and unmarried, was admitted into King's College Hospital, June 11, 1851, under the care of Mr. Fer-

gusson, with a swelling on the left side of the neck, presenting several symptoms of carotid aneurism. The patient has generally enjoyed good health, but has led a dissipated life, and endured great privations. None of her family have suffered from diseased arteries or aneurism. About eighteen months ago she was under treatment at the Westminster Hospital for gangrene of the toes, induced by exposure to wet and cold during two days and nights. Six months since, the patient began to cough, and to experience difficulty of swallowing; about the same time she likewise noticed a small swelling in the course of the carotid artery on the left side, which, however, gave her no pain. The swelling gradually increased to its present size, and the function of respiration became more and more impeded.

On examination, a tumor, about the size of a small fist, tense, pulsating, and tender to pressure, was noticed on the left side of the neck, over the course of the carotid artery. It extended from the base of the jaw nearly to the upper border of the clavicle. No morbid sound of the heart could be detected, but a distinct bruit was heard in the tumor; the general arterial system seemed healthy. The breathing was very difficult. On the third day after admission, the patient became very low and weakly; the dyspnœa was great, as the tumor seemed somewhat against the trachea and larynx. The skin over the swelling was becoming very red and tense.

Mr. Fergusson examined the patient just before proceeding with several other operations; and finding her with so much difficulty of breathing, and the tumor threatening to burst, he determined to tie the carotid artery on the cardiac side of the tumor. The patient had become suddenly worse, and this circumstance necessitated prompt measures; but it had beeen Mr. Fergusson's intention to use appropriate internal remedies before undertaking the operation—a precaution which would certainly in many instances be extremely useful.

No delay could, however, intervene in this instance, for there was every probability of the tumor bursting outwardly, as it presented a highly inflamed spot, or the patient dying from suffocation. When she was brought into the theatre, the question arose whether, in her weak state, the patient should inhale chloroform. Mr. Fergusson thought that the anæsthetic agent should be administered, but with great caution.

When the patient was completely insensible, or nearly so, and the head slightly raised, Mr. Fergusson commenced with a longitudinal incision, about three inches long, to the inner side of the mastoid muscle, from the lower portion of the tumor down along the upper end of the sternum. After the cellular tissue, fascia, and platysma had been divided, the sterno-mastoid came into view, and as here the vessel lay very deep, Mr. Fergusson cut this muscle across. The sterno-hyoid and thyroid were now carefully divided, as well as some loose cellular tissue, and the sheath of the vessels was perceived. This was cautiously opened upon the director, and the aneurism-needle passed round the carotid artery from without inwards, when the vessel was well secured by a strong thread. Temporary tightening caused the pulsations of the tumor to cease, and when this had been ascertained, the ligature was finally fixed, and the lips of the wound brought together by suture.

No cerebral symptom became manifest after the deligation of the artery, but the pulsations of the radials became much slower; the breathing, which had been very labored, regained some vigor, and the patient was removed in a comparatively satisfactory state.

Mr. Fergusson took occasion to remark, that he had not expected, when the patient was admitted into the Hospital, to operate so soon, as he intended to afford her eight or ten days' rest and appropriate treatment: but the disease had progressed so rapidly, inflammation had set in so quickly, and the dyspnœa was so great, that if not interfered with, the tumor would have burst either internally or externally. On consultation with his colleagues he had expressed his conviction, and they had agreed, that the vessel should be tied forthwith, though the space between the clavicle and the lower portion of the tumor was very short. The aneurism was probably situated on the upper portion of the common carotid, or just at the bifurcation, but to know the exact position was not important as regarded treatment.

He (Mr. Fergusson) had made his incision very long, reaching even over the sternum, as the vessels lie so deep in this locality that plenty of room is very necessary, and on this ground he had divided the sterno-mastoid muscle without hesitation, the more so as this operation is one involving life, and that a muscle was of little importance in comparison. Mr. Fergusson had been somewhat apprehen-

sive of the small veins in that region, in direct communication with the veins of the neck, but the hemorrhage had altogether been trifling; the jugular vein was not seen at all. The best and only step had now been taken for the patient's safety; she might, however. now die from the bursting of the sac either externally or internally. A favorable circumstance in the operation was, that the patient had a very long neck, and was very thin.

At four o'clock in the afternoon the effects of chloroform had been recovered from, the breathing was more regular than previous to the operation, but there was an accumulation of mucus in the air passages which the patient could not force away. She was given squill and hyoscyamus in camphor mixture. At seven in the evening respiration was still less embarrassed, the pulse ninety, the tumor slightly diminished in size, and very tense; but towards three o'clock in the morning the patient was seized with a short convulsive fit, and died soon afterwards, without any previous impairment of cerebral influence.

On a post-mortem examination the parietes of the heart were found very thin and weak; the arterial system immediately above that organ did not exhibit any striking alteration, except the abdominal aorta, where abundant atheromatous deposit was found; the other organs of the chest were healthy. The ligature was firmly fixed, and situated about an inch and a half below the tumor; the latter was filled with coagulum and soft fibrinous masses, and was situated opposite the thyroid body, extending as high as the os hyoides. The aneurism was of the description in which all the coats of the vessels had originally been equally distended; the opening of the artery into the lower part of the sac was smooth and round, and continuous with the walls of the tumor; the upper aperture was about of the same kind, having a slight valve added to it, and the carotid artery, at its emergence, was only half the calibre of the portion which was seen entering the sac. The whole of the latter lay on the left lobe of the thyroid body, on the trachea and œsophagus, these organs being evidently compressed by the tumor.

The vagus nerve, imbedded in the walls of the sac, was seen entering and emerging from these walls, close to the artery; in gently pulling the nerve above and below, its outline could be seen tightening along the parietes of the sac. This peculiar disposition of the

vagus may be looked upon as greatly conducive to the intense dyspnœa which the patient suffered for the last week of her life.

The diagnosis of this case did not offer difficulties of a serious nature, but it will be conceded that too much care cannot be bestowed upon the recognition of the actual nature of the disease; for it is principally in the neck that tumors and abscess may simulate aneurism. Enlarged glands are especially liable to create deception; but it is seldom that the thrill communicated to the hand, or the bruit conveyed to the ear, are so distinct as in true aneurism, as was observable in the foregoing case. The full dilation of all the coats of the vessels took place in a comparatively short time, six months having only elapsed since the patient perceived the swelling; for such cases as the one related by Mr. Hodgson, where a femoral aneurism destroyed an old man in three weeks, are certainly very rare. It will be perceived that Mr. Fergusson's patient was a female; we need not point out how seldom aneurisms affect women, this fact lending, as we venture to think, much weight to the supposition that violent exertion has much influence on the formation of aneurismal tumors, where vessels are not in a sound state.—*London Lancet.*

ART. IV.—*Fracture of the Inner Table of the Skull, by a blow with the fist.* By MR. J. DEANE.

On the afternoon of Saturday, the 29th of September, 1350, a laborer named John Ladds was killed by Wm. Germain, laborer, both of Chatteris. There was no previous malice; they had always before been on good terms as companions and fellow-workmen. A few angry words having occurred between them, Ladds took off his jacket, declaring he would beat Germain. Threatening then became mutual. Ladds ran to Germain, with all the posturizing of the pugilist, preparing to strike him, when Germain struck him on the head above the ear, on the left side, and Ladds instantly fell, a corpse. I saw him in about an hour. He had the aspect which a young man would present who had died in perfect health. The only abnormal appearance was occasioned by a quantity of froth which was constantly issuing from his nose and mouth. On the Monday following, I made a post-mortem. Instead of froth, a quantity of blood was issuing from his nose and mouth; and on the slightest movement given to the head, blood, perfectly fluid, would escape to any amount. On the examination of the external surface of the skull at the spot

described by the witness present at the time of the injury, there was some little vascularity, and an imperfect elevation of the pericranium on the left parietal bone, directly below the parietal protuberance. On removing the upper part of the skull, I found a lineal fracture or crack of the inner table of the skull, without depression, to the extent of more than half an inch. Along the seat of the fracture a small vein was seen ramifying and ruptured. We had a good deal of trouble in removing the skull-cap, its natural adhesions to the dura mater being in this case very strong; but at the spot of the injury there was no adhesion; and over the greater part of the left side of the head, blood was freely effused and perfectly fluid. There was no other trace of injury or of disease, and all the other organs were healthy; but the blood throughout the whole system was, as is usual in cases of sudden death, fluid. The body was in a most offensive state of putrefaction, although he had been dead only thirty-eight hours.—*Provincial Medical Journal.*

ART. V.—*A Singular Case of Apoplexy.* By EZRA HARLE, M. D.

On Wednesday night, January 15th, I was called to a poor woman in a fit. A few minutes after she had fallen in the street, I was on the spot, and found her dead. At the post-mortem examination we found the following, as I apprehend, unusual appearances conjoined. The brain was surrounded with blood, the ventricles filled, and a quantity at the base—in all about four ounces. This was sufficient to account for the death; but on examining the chest, we found the left lung unusually smaller than the right, marked with long standing disease, and gorged with blood, sufficient of itself to account for death, as in ordinary pulmonary apoplexy. The other viscera were healthy.

The woman being of so spare habit, and about sixty-five years of age, causes the case to appear more unusual; so much so, that one can agree with the words of the deputy coroner, that "we should hardly suppose she had so much blood in her whole body." Thus proving that persons of very spare habit may be subject to *sanguineous* apoplexy. In justice to the case, it must be said, that shortly before her death she had taken a "glass of gin," on returning from her "ironing work" in her usual health.—*London Lancet.*

ART. VI.—*Chloroform in a Case of Poisoning by Strychnine.*

Mr. G., aged about forty, of intemperate habits, took from among some medicines, on the 5th instant, a bottle of strychnine; and supposing it to be morphine, as he said, swallowed a dose supposed to be about one or two grains. In about twenty minutes afterwards Dr. Munson was requested to see him, as he was supposed to be in a "fit." He found him in the following condition:—The whole muscular system rigid; the muscles of the back, and of the upper and lower extremities, rigidly contracted; the head drawn back; articulation difficult; sense of tightness about the chest, perspiration flowing profusely from the face and chest. A number of the physicians of the place came to his assistance. The usual remedies recommended in such cases were resorted to, but without any mitigation of the urgent symptoms. The patient was failing rapidly under the increasing spasmodic action of the whole muscular system. It was now determined to administer chloroform, as death was apparently certain without some relief. One drachm of chloroform was put upon a silk handkerchief, and the patient directed to inhale it. The effect was decisive. The patient (who was at this time in a sitting posture, held so by assistants, who could not move him in the least degree without exciting the most frightful and alarming spasms,) requested to be placed in a recumbent position, which was done without exciting the least spasm. The chloroform was carefully administered for some hours, the patient holding the handkerchief most of the time himself, in order, as he said, "to keep off the dreadful spasms." From this time he recovered rapidly, and on the 7th instant was able to leave for home, a distance of six or seven miles.—*Boston Medical Journal.*

ART. VII.—*Solution of Phosphate of Iron and Quinine.*

I have much pleasure in directing the attention of the profession to the therapeutical employment of a compound, formed of phosphoric acid, pure quinia, and hydrated peroxide of iron—solution of phosphate of quinine and iron. It was devised by me during the past year, and from an extensive trial of it, since that time, I am enabled to recommend it as a remedy likely to prove highly serviceable in those cases indicating the use of such a combination. As much uncertainty exists respecting the chemical relations of phos-

phoric acid, and the different bases, it is to the therapeutical and not to the chemical value of this compound that I attach importance. I shall avail myself of the earliest opportunity of making further observations en the subject.—*Dr. Cattell of Braunston, Northamptonskire, in Lancet.*

ART. VIII.—*Chronic Diarrhœa—Successfully treated by injections of Warm Wine.*

Those who have had but little to do with chronic diarrhœa, and who consequently know nothing of the uncertainty attending our best efforts to check its progress, will be disposed to question the propriety of publishing any thing concerning the treatment of a disease so common and apparently so readily cured,—but those who have encountered the most obstinate forms of this truly formidable affection, in the South, will thank us for all the information we may be enabled to glean from the medical literature of the day—on the subject.—We think it scarcely too much to say that a confirmed case of chronic diarrhœa, in the South, is almost as incurable as a case of phthisis pulmonalis.

But to our text—M. Cazin has hit upon a simple and certainly an easy plan of treating chronic diarrhœa,—he gives his patient every morning an injection of red wine—at first tepid—afterwards cold,—in the wine he mixes the yellow portion of one or two fresh eggs,—at the same time, his patient is forced to live exclusively on raw eggs, for nourishment—taking two the first, three the second and four the fourth day, according to circumstances.—In this way, his patients are sometimes enabled to swallow during the 24 hours eight or ten eggs, with the happiest results.—In the mean time, the patient must abstain from all kind of fluids, as drinks.—This course of treatment, if persisted in, is attended with the very best results.—*Bulletin Therapeutique.*

ART. IX.—*Cases of Stricture Treated by External Incision.* By JAMES SYME, ESQ., F. R. S. E.

It may be proper to repeat that this series of cases is intended to illustrate and establish the following positions :—

1· That strictures of the urethra may be divided by external incision upon a grooved director passed through the contracted part,

without incurring any of the ordinary dangers attending surgical operations. ["I have now operated on *thirty-eight* cases without any fatal result."]

2. That there is no stricture of the urethra through which such a guide for the knife may not be passed, not by force, but by gentle insinuation, so as to cause neither pain nor bleeding.

3. The strictures of the utmost obstinacy and greatest disposition to resent interference, even of the gentlest kind, may be speedily removed, so as to permit the introduction of full-sized instruments without difficulty or inconvenience.

4. That the relief thus afforded is more permanent than that which can be obtained in any other way.

CASE 2.—George T———, aged forty-five, began to suffer from stricture about eight years ago. Between six and seven years ago he was twice under my care; first for a short period, during which the contraction was only partially dilated, and afterwards for six weeks, when the process was completed through the use of simple bougie. He then went to Canada, and was employed in a remote part of the colony as the agent of a mercantile establishment. Finding the stricture again troublesome, he had repaired to———, where various attempts were made to pass instruments, but without success. In these circumstances he was advised to seek my assistance; and having crossed the Atlantic with this view, was admitted into the Royal Infirmary on the 12th of June last. The perinæum was greatly swelled and very hard, so as to form with the posterior part of the scrotum one mass of induration. On proceeding to examine the urethra, I found a tight stricture anterior to the bulb, through which a bougie of the smallest size was passed fairly into the bladder at the first attempt. I then carried on the dilatation with the effect of removing the perinæal hardness, and relieving the patient from his distressing symptoms, so that he was dismissed as cured on the 11th of September.

On the 21st of November he returned in a worse plight than ever; the swelling in the perinæum having recurred to more than its former extent, and there being not only very frequent calls to void his urine, but also an inability of retaining it. I had no doubt through the use of bougies temporary relief might again be afforded; but from the repeated relapses which had taken place, distrusting the permanency of any good effect obtained in this way, I concluded that division of

the stricture would be expedient, and, to facilitate this proceeding, made a free longitudinal incision through the perinæal swelling, which was afterwards poulticed for a few days.

On the 28th, the swelling having become greatly diminished in size and hardness, I introduced a grooved director, divided the stricture, and secured a moderate-sized catheter in the bladder. The bleeding at the time of the operation and subsequently to it did not altogether exceed two teaspoonfuls. The catheter was removed on the 30th. The urine came partly by the urethra and partly by the wound until the 17th of December, when it flowed entirely by the natural channel. On the 24th the wound was completely healed; instruments of the largest size were introduced and withdrawn without the slightest difficulty or feeling of constriction, and the perinæum was perfectly natural in form as well as consistence. The patient remained another week, and was then dismissed, expressing the most confident persuasion, founded upon the difference of his feelings from those experienced on any former occasion of relief, that he was at length free from stricture; his reply, when asked how the stricture was, always being, "I have no stricture now."

CASE 3.—Towards the close of 1844, Dr. Wickham, of Penrith, brought me a patient, apparently laboring under formidable disease of the urinary organs. His age was about 45 years, during twenty-seven of which he had suffered from stricture of the urethra, and been under the treatment of various practitioners. Latterly, finding the complaint more troublesome than at any previous period, he had repaired to a surgeon in Yorkshire, who had formerly afforded relief, and remained under his care for many weeks, without experiencing benefit, or indeed ever getting an instrument passed through the contracted part; and in addition to his other sufferings, he became afflicted with a swelling in the perinæum, of such stony hardness, as to suggest the suspicion of carcinomatous degeneration.

On examination, I found that a full-sized bougie could be carried down to the verge of the anus, and consequently beyond the region of stricture, but no further; from which I inferred the existence of a false passage, resulting from the means that had been used, through the forcible and continued pressure of a large catheter with the view of thus effecting dilatation—a method, it may be remarked, which, like some other means of treatment, is most applicable to those cases

where the stricture exists only in imagination. The perinæal swelling was about the size of a hen's egg, distinctly circumscribed, and extremely hard, but on the whole suggested the idea of its being the effect of local irritation, rather than of malignant action.

I, therefore, commenced the treatment by making a longitudinal incision in the course of the raphe of the perinæum, and then applying poultices with the effect of greatly reducing the induration and enlargement. Through careful exploration of the urethra, a small bougie was then conveyed into the bladder, and followed by a succession of larger ones until the patient seemed able to go home with the prospect of complete relief. In a very short while after doing so, he began to suffer as before, and in the spring of 1845 again placed himself under my care, with all the symptoms of stricture in their most aggravated form.

I then resolved to divide the stricture by external incision, and did so upon a grooved director, which was with some difficulty guided through the contraction. Upon trying to pass a catheter into the bladder, I encountered an unexpected difficulty, from the instrument constantly taking the false route, so that after descending to the verge of the anus, it could not be advanced farther.—Concluding from this that the contracted part had not been sufficiently divided, I reintroduced the director, and extended the incision through the urethra beyond the orifice of the false passage; after which a catheter was readily conveyed into the bladder. The patient experienced no inconvenience, and in the course of two or three weeks was completely restored to health, far beyond what he ever expected, or almost recollected, to have enjoyed,

About three years afterwards, having, as it was alleged, led a rather irregular life in the intervals, he returned under the apprehension of a relapse being threatened; but I found that the urethra, though slightly contracted, readily admitted instruments of the full size, and therefore sent him home, with advice to have a bougie passed occasionally by Dr. Wickham. In a letter from this gentleman, dated the 11th current, replying to an inquiry from me as to the patient's state, it is said that he had bougies passed regularly for a considerable period, but for a long while past has not made any application for the purpose. Dr. Wickman adds, "I have always considered this as a capital case, and should any of my patients get into

the same state, I shall strongly recommend the same means of relief to be used."

While professional opinion at home is so much agitated in regard to the treatment of stricture, it may be interesting to know what view of the subject has been taken by our brethren of the Antipodes, and I therefore add the following extract of a letter from Dr. Macewan, of Sydney, addressed to Mr. Spence, Lecturer on Surgery, and Assistant Surgeon of the Royal Infirmary here. It is dated September 8th, 1850.

"With regard to Syme's work on Strictures, which you sent me, I had already put that practice in force [having learned it from his Pathological and Surgical Essays] twice, with the best and most perfect success. In the first case the man applied to me four years ago; the stricture was where the penis folds over the scrotum, and was cartilaginous to an extreme degree. I did no good to him, the sight alone of the bougie almost giving him constitutional irritation for three or four days. He left me, and hawked himself through the profession here with no improvement. I saw him in the street, a wretched object, a few days after Syme's case, about two years and a half after he forsook me, and prevailed upon him to come into the hospital. I rectified him a bit, placed him under chloroform, cut through the stricture, introduced No. 8, and dismissed him cured in three weeks. He has continued quite well since, and evinces his gratitude in divers uncouth ways. The other case was somewhat similar, except that it resulted from injury, and was situated farther back.—*London Lancet.*

ART. X.—*An Account of a fatal Case in which an accidental Injury to the Brain was undetected during Life.* By GEORGE ANDERSON, M. D., Surgeon 12th Royal Lancers.

Trumpeter Henry Grainger, aged thirty years, was admitted into hospital on 27th February, 1851; he was seen at the morning visit, at 10 o'clock, by the assistant surgeon, Dr. George, who found him in bed, and considered that his ideas were somewhat confused, but attributed this, in part, to indulgence in drink the previous night (the 26th), as, on questioning the patient as to what was the matter with him, he said that on the previous evening he had been fencing with a walking cane with some of his companions, and that he had

received a blow on the nose, or a thrust from a cane in the face. On examination, a small punctured wound was observed on the left ala of the nose, which did not appear larger than the wound arising from a leech-bite; and at this time, though somewhat tacitum, he appeared perfectly sensible, and answered readily the questions put to him.

Fomentations to the wounded part, and aperient medicines, were the remedies prescribed, and no unfavorable symptoms supervened during that day.

At the morning visit on the 28th, he was considered as not better, nor as sensibly worse, though there was no doubt that he was at this time laboring under a considerable degree of stupor: yet no alarming head symptoms were manifest, and, consequently, no particular examination of the parts where the wound existed was made, and the only additionol remedy prescribed was a cold lead lotion to the head and face, and the purgative medicine was repeated.

About 6 o'clock on the same evening I was called by the hospital sergeant, who stated to me that Greinger was much worse; and though Dr. George informed me, at muster parade in the forenoon, that he could not account for the continued symptoms of drowsiness and stupor in his case, I certainly did not suspect, either *before* or *after* seeing the patient, that there had been any wound of the brain, much less that a foreign body had penetrated to that organ, and was firmly impacted in the patient's skull. When I first saw him this afternoon he was struggling violently with the attendants, who required to use force to keep him in bed; his breathing was stertorous, and he was puffing with the lips; the right eye was fully expanded or staring, and its pupil greatly contracted; ptosis of the left eye-lid existed, and on raising the eye-lid the pupil was found to be extremely dilated. He had passed a large quantity of urine in bed, and his bowels had been open since morning.

On questioning him, or rather calling him sharply by name, he would raise himself into the sitting posture, throw his arms about, and strike at, or take firm hold of any object within his reach.

I had considerable doubt and difficulty in determining on the immediate measures to be adopted, the history of the case being to me quite obscure, and the symptoms being urgent and most unfavorable. Though the pulse was not full or bounding, the action of the tem-

poral arteries was exaggerated, and, therefore, looking only to present symptoms, I opened the right temporal artery, and though this was done effectually, I only obtained about a couple of ounces of blood from it. I then opened a vein in the arm, but did not obtain much more blood in this way. A large turpentine enema was then administered, and grain doses of calomel were ordered every hour or half-hour. I left the hospital with very slender hopes that a fatal issue could be averted, and I had not been much more than half an hour in my room when I was called to the hospital, but before I reached it the patient had expired, after a violent convulsion attended with great discoloration of the countenance. The fatal event occurred at about quarter past 8 o'clock on the evening of the 28th of February, 1851; and the features of the deceased appeared calm, and not distorted, when I saw the body.

The autopsy took place sixty-three hours after death, on Monday, 3d March. On removing the calvarium the dura mater presented nothing abnormal, but when it was removed a considerable degree of chronic arachnitis was presented, and the pia mater was found to be very vascular. After dividing the falx cerebri the anterior lobes were raised, and, gradually proceeding backwards, we had got as far as the division of the optic nerves, when the scalpel struck on a metallic point or substance directed obliquely upwards and backwards, and protruding into the cavity of the skull, close to the left side of the sella turcica of the sphenoid bone, and pressing or lying on the left optic nerve, or left side of the optic commissure.

The cause of the man's death was at once made manifest to myself and Drs. Carte and George, who were present at the examination, as the foreign body was evidently the brass point or ferule of a small walking-cane.

I did not proceed further in the examination, but reported the circumstances to the commanding officer, when a coroner's inquest was ordered to be held on the body.

In the course of the afternoon the coroner held the inquest, and Surgeon Porter, Jun., was the medical man ordered by him to investigate into the cause of the soldier's death. I was present when Mr. Porter proceeded with the further examination of the brain, and the parts in connexion with the foreign body. On probing the nostril the end of a foreign body could be detected, and before it was removed by Mr. Porter from the situation it occupied in the skull, it

was evident to all present at the examination that it was the broken end of a cane, of which the ferule or brass point presented itself in the inside of the skull, by the side of the posterior clinoid process of the sphenoid bone.

Dr. Carte afterwards made a section of the skull, by which the course of the stick was exhibited. The point of it had pierced the left ala of the nose, at the junction of the cartilage with the bone, taking a direction upwards, backwards, and a little inwards; in its course it grazed the inferior and middle turbinated bones, passed through the great cell in the body of the sphenoid, breaking off and carrying before it the posterior clinoid process, and finally impinging upon, but not rupturing the membranes covering that portion of the anterior lobe of the brain in immediate relation to the optic nerve of the left side. Anatomically speaking, there was nothing to oppose the onward progress of the stick, for in fact it passed up the nostril, the only resisting part, after it entered the skin and cartilage, being the body of the sphenoid itself, which, in the present instance, was very slight, its walls affording almost no resistance, in consequence of their extreme thinness.

It is evident that, while fencing as he had described, the cane had accidentally struck the unfortunate man's face, probably from his own act in parrying the thrust, and that the point of it had entered through the left ala of the nose, passing obliquely upwards and backwards, until it emerged, as described above, by the side of the sella turcica. I should think that the cane had broken off *short* in the nose when it was being withdrawn by his assailant.

Mr. Porter appeared to be of opinion that the brain presented an inflamed appearance, but this may have been more apparent than real, and may in part be attributed to post mortem effects and exposure to the atmosphere, which latter had caused the blood in the vessels to assume a more vermillion appearance than it presented on the morning of the examination.

There can be little doubt if a detailed and accurate account of this unfortunate fencing match had been obtained at the time of the patient's admission into hospital, and the stick which inflicted the injury had been produced (which was done after the man's death, and shown to me), that the attention of the medical officer would have been directed to what he, without any further information than the patient's negative statement, considered only as a trivial puncture n the ala of the nose, and would have, undoubtedly, led him to as-

certain that there was a foreign body impacted within the nostril, and, probably, passing backward so as to touch the brain.

I am inclined, however, to the opinion, that had all the above information been obtained at the time of the unfortunate soldier's admission into hospital, the foreign body might not have been extracted from the situation it occupied in the man's skull, as it required considerable force to drive it with a punch and hammer, from within outwards, in the dead body; and if it had been extracted, the question arises, what chance was there of a fatal termination being averted!—*Dublin Journal of Medical Science.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

ART. I.—*Operative Surgery.* By FREDERICK C. SKEY, F. R. S. 8vo., pp. 661. Philadelphia: Blanchard and Lea. 1851.

From the abundance of excellent modern works now extant upon the principles and practice of Surgery, it *seems* to be hardly a supposable case that another should be so soon needed by the profession. We had supposed that Liston and Ferguson, Miller and the Coopers, Chelius and Velpeau, together with a number of others worthy to be enrolled among the best, had so thoroughly surveyed and occupied the whole field of Surgery, that little could be added of value for many years, even by the master spirits in this department of the healing art. With these views, it was very natural, on turning over the introductory portion of the work before us, to look for an apology or a good reason for its appearance. On the first page of the preface, and in the first paragraph, we have it, and we must confess it to be a tolerably defensible one. Mr. Skey remarks that—

"The following Work was undertaken in compliance with the advice of some professional friends, who equally felt with myself the want of a book on the subject of Operative Surgery, which might become, not simply a guide to the actual operation, and embrace the

practical rules required to justify the appeal to the knife, bu would embody, at the same time, such principles as should constitute a permanent guide to the practitioner of Operative Surgery, and without which, all claim to its scientific character is lost."

It is a fact, the evils of which we have often observed, that the works on the principles and practice of Surgery have been, for the convenience and information of the student and general practitioner, too exclusive in their character. That is to say, those authors who have hitherto written on Operative Surgery, have mingled too few of its great principles with its practical illustrations. The principles and practice of Medicine and Surgery are naturally so intimately blended, and so dependent upon each other, that they can never be disunited with impunity.

There is no department of our profession surrounded with so much *eclat*, so terrible and yet so attractive, as Operative Surgery. It is the battle-ground upon which the heroic votaries of our profession meet the enemy, and expect, by their intrepidity and skill, to win laurels and acquire enviable renown. Few students pass through their pupilage without acquiring a love for the exploits and conquests of Surgery, and practitioners generally are prone to become charmed by its display. This is very natural, and very far from being incompatible with usefulness or high professional standing. We have just as much right to admire Surgery, and to seek a surgical reputation, as one in the practice of medicine or law. But we regret to say that there are not a few among us whose love for operative display, and ambition for fame in human butchery, lead them to transcend the sound principles of Surgery, and even those of morality and common sense. There have been, there are, and probably there always will be, men, having a place in our profession, who labor under a kind of *cacoethes operandi* to such a degree, that they can never allow a patient to glide smoothly down to the grave with a tumor, however complicated, malignant, or inaccessible, without importunately advising an operation. The universal argument employed, if such it may be called, is, that the patient will die without it. To such we would commend the following paragraph, which could not well be more judicious and to the point:

"I would go as far as any man in the effort ro restore a life jeopardized by disease, so long as the chance of benefit would more than

balance the consequences of failure. But it must not be forgotten that the interests of Operative Surgery invariably suffer from unsuccessful, and still more from fatal operations; that, under the most promising condition, human nature shrinks from its appeal with fear and revulsion, and that failure in one case will probably deter many from submitting to operations which offer results far more encouraging. There is no eclat, no grandeur in a large surgical operation, but that which it derives from its success. The admiration of its performance, however well executed, is restricted to the limited circle witnessing it; the failure and consequent death of the victim become the property of rumor, with her hundred tongues, which proclaim to the credulous world, that a human life has been wantonly sacrificed to gratify a morbid passion for notoriety, not to attribute the result to a still less commendable motive."

Another commendable characteristic of this work we give in the author's own words:

"I have endeavored, as an English metropolitan surgeon, to carry into execution at least one primary object, viz., to strip the science of Operative Surgery of a false glare, mistaken by the ignorant for the brightness of real excellence, to check a spirit of reckless experiment, and to repress rather than encourage the resort to the knife as a remedial agent. I do not pretend to have executed my task perfectly, or even to have reached the level of my own view of the necessities of the case. It may be charged against me that I have expressed freely, and perhaps more authoritatively than I am entitled, my own individual opinions, and have made little reference to those of others. In answer to this charge, I have only to remark, that I do not profess to give the multitudinous opinions of other men, and yet I have not withheld them. I have quoted the opinions entertained by most of the eminent members of the surgical profession, so far as a general intercourse and an extensive acquaintance have enabled me to command it. The character of my mind is not attuned to authority, and it has been my practice, no less than my principle in life, to think for myself. A tolerably extensive intercourse with disease has led to the opinions which I have embodied in the following work: I profess no more."

The body of the work is divided into XXVIII. chapters, each discussing a distinct subject in Operative Surgery. The subjects

themselves differ but little, in nomenclature or arrangement, from those of other similar works.

Mr. Skey makes some very judicious and encouraging remarks on the use of chloroform. He expresses an opinion that this agent was never the cause of death in any of the cases wherein it was supposed to have proved fatal. He further remarks, that—

"On the other hand, the records of St. Bartholomew's Hospital point to its successful administration in upwards of nine thousand cases; in not one of which, including the aged and the young, the healthy, the infirm, and the asthmatic, has its employment left a stain on its character, as an innocuous agent of good. Under all circumstances, its careful employment may be unhesitatingly resorted to in all cases, excepting only such as are marked by determination to the brain of an apoplectic type; secondly, under circumstances of great and serious exhaustion from loss of blood; and thirdly, in diseases of the heart. In these conditions of the system, it is perhaps better avoided."

We are not prepared to abandon preparatory treatment in cases of severe surgical operations, as recommended by our author. We believe, in a majority of cases, the following directions on this subject are unscientific and unsafe:

"One of the most important questions connected with operative surgery, relates to the treatment of the patient preparatory to the operation. It was formerly the practice to subject him to the medical discipline of purgation and deprivation of food, with a view to prevent the occurrence of inflammation. But since the commencement of the present century, more enlightened principles of the economy have prevailed, and the old system is deservedly exploded; but something still remains to be done. The purgative system yet injuriously thrives, as the mistaken antidote to inflammatory action, and other consequences of violence to living structure."

Our readers will not look upon the following remarks on after treatment as altogether sound:

"The after treatment of operations," our author says, "should be dictated by common sense. We rely on nature rather than on art. It is a part of this improved principle to eschew large and heating poultices and cataplasms; to promote comfort, rather than warmth;

to *consult ease;* to forego the mistaken agency of medicine; to arrest hemorrhage by the careful application of appropriate means, and to tranquillize the nervous system; in short, to follow nature, and not to attempt to lead her. Extra vigilance will be required in cases in which a large quantity of blood has been lost, because it is in such examples that we look for sinking, and the effects of prostration. Generally speaking, the earlier we can supply the lost blood to the circulation the better; and this can only be effected by the administration of nutritious food, which, for a time, the patient is indisposed to take; but when present, the inclination should be indulged to the extent of appetite, and hailed with pleasure, as the happiest testimony to the rallying powers of the constitution. I cannot, while on this subject, withhold my protest against the employment of simple decoctions of meat, beef-tea, for example, as agents of nutrition, with which patients, panting for nourishment after loss of blood, are indulged. If a basin of beef-tea or ordinary thin gravy soup be given to a hungry boy, it will be found that his appetite for solid animal food is entirely unshaken; he will subsequently consume his usual quantity of meat. I do not dispute the authority of Liebig and other chemists; I only state the results of my observations. If a patient express a natural desire for food, nature may safely become our guide, and his appetite should be indulged in moderation."

We have not space for further quotations. The work, in many points, is exceedingly meritorious, and is written in a stirring and vigorous style. Though sometimes a little defective in clearness of definition and systematic arrangement of the different departments of the same subject, we believe it to be a creditable work and a valuable addition to our surgical literature. Although not as extensively known as some others, yet Mr. Skey is a reputable London surgeon, and has a service in St. Bartholomew's Hospital, one of the oldest and most extensive charities in that great metropolis. His book will amply repay its perusal, and will become, in most respects, a safe guide to the student and practitioner in the great department of the healing art of which it treats. Its mechanical execution in all respects, in paper, type, illustrations, and binding, reflects great credit upon the publishers, who are already well known to the profession.

ART. II.—*A Practical Treatise on the Diseases and Injuries of the Urinary Bladder, the Prostate Gland, and the Urethra.* By S. D. GROSS, M. D., Professor of Surgery in the University of Louisville, &c., &c., &c. With one hundred and six Illustrations. 8 vo., pp. 726. Philadelphia: Blanchard and Lea. 1851.

We most fully acquiesce in the truth of the author's remark, that "No apology can be necessary for such an undertaking. For many years I have myself felt the want of just such a book, or, at any rate, of one very much like it. No practitioner, who has been at all extensively engaged in the active duties of his profession, can have failed to perceive, as well as to lament, the defects which exist in the literature of this particular department of the healing art. While every other organ of the body has had its expounder and monographist, it is a singular fact that no systematic treatise has yet appeared, in the English language, on the maladies of the structures in question, especially those of the bladder, which are so common and so important, both in their pathological and practical relations."

The causes of this paucity of literature on the diseases of the urinary organs, may be inferred from the facts set forth in the following paragraph opening the author's chapter on the urine. He remarks that "There is no fluid, which, even within the limits of health, is liable to so many variations in its physical and chemical properties as the urine. Its quantity, also, is extremely uncertain, as it is influenced by numerous circumstances, especially by the state of the skin and the amount of liquids received into the stomach. On an average, however, a healthy person voids about forty ounces in the twenty-four hours. From this it may range from twenty ounces, as the minimum, to fifty ounces, as the maximum."

When we take into consideration the fact, that the kidneys and other urinary organs perform functions among the most important in human physiology—that they are, in health and disease, the principal depurative organs of the body, forming the avenues, and almost the only avenues, through which flow the most poisonous, irritating, and pernicious elements of the blood and other fluids—it is a matter of surprise that so little has been done to elucidate the subjects connected with them. It is a lamentable fact, that the profession is sadly deficient in this department of human pathology. While diseases of the kidneys, bladder, and urethra, are among the most grave, and at the same time among the most common with which we have to

contend, we find them everywhere the least perfectly understood, and consequently most unsuccessfully treated. There are several causes, perhaps, which have produced this state of things. Some of them are found in the foregoing remarks of the author respecting the great variety of conditions of this excretion; but another, and one equally potent, is discovered in a want of familiarity with the principles and manipulations of chemistry which exists so generally among even our most respectable and scientific physicians. The time has come when the profession *must give more attention to this subject;* it cannot be neglected with impunity. Works of the highest order on the pathology and therapeutics of this class of diseases are emanating from the press, and no valid excuse can be offered for inattention to them.

The body of the work before us is divided into three parts. These are preceded by five chapters comprehended under the head of "Introduction." The introduction occupies 93 pages, and contains a full illustration of the anatomy of the perineum, urinary bladder, prostate, and urethra, together with a concise description of the urine, with some of its more important variations in health and disease.

Part I. comprehends the diseases and injuries of the urinary bladder, and is divided into XIX. chapters. Under this head we have described the malformations, inflammations, chronic lesions, and morbid growths, of this organ; also, worms, hydatids, fœtal remains, hair and air in the bladder, hemorrhage, retention and incontinence of urine, with urinary deposits, stone, and foreign bodies in the organ.

Part II. takes up diseases and injuries of the prostate gland, and is divided into X. chapters, which treat of wounds, inflammation, hypertrophy, atrophy, morbid growths, hemorrhage, calculi, and phlebolites of this organ.

Part III. is devoted to injuries and diseases of the urethra. This part contains XIII. chapters, and in them are considered—Malformations, wounds, stricture, tumors, hemorrhage, foreign bodies, infiltration of urine, abscess, fistula, false passages, &c., &c.

Circumstances, and the cursory examination we have been able hitherto to give it, forbid what the work most richly deserves—a more elaborate notice. We intend, for our own information, to take the earliest opportunity to give it a thorough perusal; and we doubt not, from the chapters we have read, and from the high character of

Prof. Gross as an able and authentic writer, that we shall be edified and instructed thereby.

We have no hesitation in recommending the work to those—and we mean *all* when we say those—who need a more intimate knowledge of the diseases and affections of which it treats. We bespeak for it a wide circulation. Of the mechanical execution of the work we need not speak, as it came from the press of Blanchard & Lea.

ART. III.—"*Anatomy, Physiology and Hygiene.* By CALVIN CUTTER, M. D."

A notice of this book in another Journal, has called our attention to it, and we feel that our duty to ourselves, to the Medical Profession, to teachers, and the public, requires us to criticise this most remarkable specimen of Medical Literature, which has ever fallen under our observation. The modesty of the author "makes no pretensions to new discoveries in physiological science." We have no hesitation, however, in declaring that this work is the most original which has ever appeared before the public. It is difficult to decide whether Anatomy, Physiology, Hygiene, Therapeutics, Chemistry, or Natural Philosophy, Mental Philosophy, or Ethics, is most indebted to the researches of the learned author. One thing is certain, the whole book is a standing testimony, that a dissemination of knowledge on all these subjects, is exceedingly needed in our schools.

And it seems to us that a personal appreciation of this want must be the only thing which caused our author to write. In one place (page 26,) he says, "Nitrogen or azote is found in *all* animal matter." Poor piggy, a large part of thy plump well-fattened body must leave the rank of animal, and be classed where? Again, (page 140,) "food may be highly nutritive that contains no carbon or nitrogen, but when decomposed afford hydrogen and oxygen." (Hear, hear.) In another place (page 69,) he tells us, that under some circumstances the stomach, liver, &c., "gravitate to the lower portion of the abdominal cavity"!! Again, (page 153,) "Attention to this suggestion will obviate the necessity of cathartic medicines." Oh tempora! that such a book should be put in the hands of children or students. What we have mentioned are not found by the diligent search of a captious spirit, but they fairly represent the great part of

the whole book, on almost every page of which similar originalities glare out upon us. We ought not to expect, perhaps, that teachers would be capable of judging upon the merits of a book treating upon subjects so recently introduced into our schools. But that a man should put M. D. to his name, and follow it with such a compound as this book, is more than we can conceive or would believe, except we had seen. We protest against calling such a conglomeration physiology. It should be named from its author—Cutterology.

Medical men who would rescue their profession from the imputation of ignorance, which does not belong to it, should see that teachers in their vicinity be enlightened on this matter, and not allowed to sacrifice their own reputation and ours by the use of such a book. The public good also demands that medical men should see that this book is discarded from schools. Nothing can be more innocuous than teaching error in any branch of science, but especially in this. We should say that blank paper is much better than the above book. Quackery in medicine is bad enough, but how much worse it is when it comes in the form of a school book for children. Physiology correctly taught is of such vast importance that it should be an early study in all our schools, and there are at least so many books which have at least the merit of correctness, that there should be no excuse for using one filled to the brim with errors. One thing at least we wish distinctly to discard. However much the author may be indebted to one of the Professors of Starling Medical College, not one of the members of the faculty of that College will stand as voucher for the errors of this book; and it is unfair to make it appear so, without the written permit of the one whose name is used.

ART. IV.—*A Treatise on Dislocations and Fractures of the Joints.* By Sir ASTLEY COOPER, Bart. F. R. S., Sergeant General to the King, etc. A new edition, much enlarged. Edited by BRANSBY B. COOPER, F. R. S., Surgeon to Guy's Hospital, with additional observations, and a memoir of the author. A new American edition, 8vo. pp. 496. Philadelphia: Blanchard & Lea, 1851.

This work in its former editions has been so long in the hands of the profession, that nothing need be said by us of its character or merits. It is one of those few standard works which can never be

out of date. In Sir Astley Cooper's peculiarly graphic and terse style, it contains a description of all the dislocations, together with the most dangerous form of fractures to which the human frame is liable. These are accompanied with a great number of plates and illustrations, sufficient, perfectly, to elucidate every part of this important department of Surgery.

The memoir of this great man should be read by every member of the profession. No one can read it without being benefitted thereby. It holds up the bright example of him who stood higher in the estimation of the world than any surgeon that ever lived.

ART. V.—*On the Theory and Practice of Midwifery.* By FLEETWOOD CHURCHILL, M. D., M. R. I. A. Hon. Fellow of the College of Physicians Ireland, etc., etc., with notes and additions by D. FRANCIS CONDIE, M. D., Secretary of the College of Physicians, Member of the American Medical Association, etc., etc., with one hundred and thirty-nine illustrations. A new American, from the last improved Dublin edition. 8vo. pp. 510. Philadelphia: Blanchard & Lea, 1851.

"Churchill's Midwifery" is well known to be a standard work in this country and Europe, and has been for many years. To its several editions have been added all the improvements, which from time to time by the ablest practitioners have stood the test of observation. The present edition, it will be observed, is edited by our well known countryman Dr. Condie, instead of Dr. Huston, who conducted the former editions. Dr. Churchill is an able and deservedly popular writer, and we speak from personal acquaintance with him when we say that he stands high among his professional compeers at home. Enjoying a fine practice, and endowed with a liberal share of sound common sense, and divested of those professional fancies which lead to impracticable speculations, he is eminently qualified to guide the student and practitioner in this great department of the healing art. We hope the author will long live to enjoy the high reputation he has acquired, and a rich reward for the labor bestowed upon his work.

For sale by Huntington & McIntire.

ART. VI.—*Urinary Deposits: Their Diagnosis, Pathology, and Therapeutical Indications.* By GOLDING BIRD, A. M., M. D., F. R. S., F. L. S. Second American, from the third revised and enlarged London edition. 12mo. pp. 337. Philadelphia: Blanchard & Lea, 1851.

We are happy to see a second edition of this valuable work so soon demanded by the American profession. It is the highest possible compliment to it, besides, it shows that the attention of physicians is being more generally directed to the important subject of which it treats.

The plan of the work is extremely well calculated to interest the student and practitioner, and to guide them in the analytical investigations of the normal and abnormal conditions of the urine. The volume itself is not formidable by its bulk, and yet the author has most lucidly and comprehensively surveyed the whole ground. He has gone back to some of the first principles and simpler manipulations in chemistry, to facilitate the pursuit of those who are not familiar with the intricacies of chemical reactions. He says, himself, in regard to the elementary nature of his illustrations:

"In suggesting the following directions for enabling the reader to become personally acquainted with the most important ingredients of the healthy urine, I am anxious to be regarded as addressing those who are complete novices in chemical manipulations. Directions of this kind are of course quite useless to the adept. By the processes described in the following pages, any one can satisfy himself of the existence of the most important elements of the urine with a very small expenditure of time and trouble, and with no greater amount of chemical knowledge than necessarily falls to the lot of every practitioner of medicine."

A physician or student in possession of a few chemical tests, a small urinometer and microscope, can pursue, at moderate expense and with great satisfaction, the subject of urinary deposits, and the changes which are produced upon this excretion by disease. No physician's library is complete without this work, and we are confident that no one will regret paying especial attention to its contents.

ART. VII. — *The Transactions of the New York Academy of Medicine.*

We have just received Vol. I, part I, of the transactions of the foregoing recently organized and flourishing Society — printed for the Academy, in beautiful type, on excellent paper, in pamphlet form, and containing 165 octavo pages. The volume contains eleven papers: Four from Dr. Mott, one from Dr. Pliny Earle, one from Dr. A. K. Gardner, one from Dr. Ashbel Smith, two from Dr. W. H. Van Buren, one from Dr. Buck, and from Dr. Metcalfe. The subjects discussed are of the most interesting character. We cannot refrain from laying before our readers a portion of two of the papers, one of which is from Dr. Mott, and the other from Dr. Buck.

Of Laceration of the Corpus Cavernosum Penis, commonly called Fracture of the Penis, illustrated by two Cases. By VALENTINE MOTT, M. D. Read December, 6, 1848.

Among the lesions of important organs, I am not aware that there is anything in the standard works of surgery similar to those I propose to relate in this paper. The *member* to which they are confined is liable to a great variety of serious and, indeed, formidable maladies and injuries, with which all practitioners are more or less acquainted. But few, if any, have met with similar cases, which induces me to lay them before the public.

My object therefore in relating them, is to have them preserved, as also to allay any great alarm that might be excited in the mind of the surgeon, and quiet the fear which is certain to be awakened in the patient.

The affection to which I refer has been humorously styled *a fracture of the penis.* This is, however, a misnomer in surgery, as there is in the human organ no bone entering into its composition in the normal state. In a strict surgical sense, no part can be said to be fractured which has not either bone or cartilage in its constitution. The term rupture or laceration is the proper epithet by which it should be designated. The cases therefore ought to be termed a laceration of the corpus cavernosum of the penis.

A. B., a young man living in Bergen, New Jersey, having been recently married, had his wife a day or two after this event leave him to visit a parent who was ill a few miles distant, where she was detained over night. The bridegroom, on rising from his bed in the

morning, found the penis in a vigorous state of distension. In his haste to dress, not being patient with this natural condition of things, and without giving a reasonable time for its energy to abate, he struck it with considerable violence against the bed-post. At the instant this was done, a noise was heard of something breaking, and at the same moment a manageable condition of the member followed. On examination, as the bed-post was found to be sound, he concluded that his own organ had suffered the injury. He therefore alarmed the family, and it was soon reported that he had *fractured his penis*.

An extensive extravasation of blood immediately followed the injury, through the entire penis, distending it to twice or more times its natural size, changing it very quickly to a dark livid hue, and presenting altogether a most frightful and disgusting aspect.

The greatest imaginable alarm was now excited in the mind of the patient and his friends. Professional aid was summoned immediately from the neighborhood, and from the novelty and urgency of the case, further advice was sought from this city. Among others sent for was the newly made bride, who on being informed of the nature of the fracture, plaintively and innocently remarked, "*that she was sure it never would have happened, if she had been at home.*"

The tumefaction of the organ continued to increase for more than twenty-four hours, until the prepuce rolled over the glans penis, as in watery, urinous, and erysipelatous infiltrations of the filamentous tissue of this part.

Strict rest was enjoined in a recumbent posture. General antiphlogistic treatment was pursued. The penis was turned up over the pubes, and cold discutient lotions were directed to be constantly applied. By pursuing this plan of treatment, the extravasated blood after a few days began to be absorbed, and after a short time was wholly removed, and the member was restored to its normal condition and usefulness.

B. C., a young and healthy man, about thirty-five years of age, unmarried, fellow of the Academy of Medicine, came under my notice on the morning of the 13th of May, 1848.

In a very considerable state of alarm, he made the following statement to me. That on rising from bed he found the penis in a state of full and vigorous erection, and being somewhat in haste to dress, applied his hand on the left side of the member, and suddenly forced it into his drawers. At the instant of doing it he heard a crack, as

he expressed it, and felt something tear. At the same instant the penis began to enlarge, and in a few minutes was distended to twice the size it had in a state of a natural erection, and without the hardness peculiar to this state. As he expressed it, his impression at the instant was, that he had, as he said, fractured it, as there was a stinging sensation of pain.

Very soon after I saw it, and the size was more than double that of a natural erection, soft throughout, and of a dark purple color. The extravasated blood reached completely to the extremity of the prepuce, so that the merest point of the glans penis could be seen. On turning it a little to the right side some pain was felt at a point on the left side of the corpus cavernosum, about half an inch from the going off of the scrotum, and it was there somewhat tender to the touch.

From the statement of the patient, and the unseemly and frightful appearance of the organ, there could be no doubt that the left corpus cavernosum was lacerated.

I advised the doctor to remain quiet in a recumbent position, turn the penis up over the pubes, and use a lotion of camphorated spirits. In the evening it had increased considerably in size, the regio pubis was also much tumefied, and the enlargement had extended over the left side of the scrotum. Leeches were now spoken of; but I feared they might be followed by erysipelatous inflammation and some of its fearful consequences. I therefore advised that a bladder partly filled with pounded ice should be applied constantly over all the affected parts during the night, and the penis to be turned up over the abdomen. This was cheerfully and promptly done. The object in view was to promote the absorption of the extravasated blood, and more particularly to prevent any erection from taking place during the night, by which the extravasation would be greatly increased. During the night, however, while asleep, the bladder was displaced and a partial erection took place, which was accompanied with severe pain at the injured part, and an apparent increase of the extravasated blood. It instantly awoke the patient, when he reapplied the ice, with immediate relief.

The next day the general tumefaction of the penis had a little diminished, but the dark blue color was considerably increased. It was now also apparent over the entire swelling of the scrotum.

On the 10th of May from the accident, the swelling of the penis, scrotum, and pubes had in a great measure subsided, but there was

still some considerable discoloration, particularly of the scrotum. The patient states that the erections are yet attended with considerable pain, and that the penis is curved a little to the side opposite the injury. To the feel as well as sight, there is considerable thickening to the extent of an inch in length by measure, of the corpus cavernosum, and it extends from the centre of the dorsum to the corpus spongiosum, very similar to what a tendo achillis presents after being lacerated.

A Case of Croup in which Tracheotomy was successfully employed. By Gurdon Buck, Jr., M. D. Read April, 3, 1850.

Samuel B———, a lad eleven years of age, residing in Brooklyn, Long Island, was attacked in the month of May, 1849, with scarlet fever, in the treatment of which calomel was freely administered. Profuse salivation succeeded, and destructive sloughing which involved the left edge of the tongue, the gums and the alveolar sockets of the lower incisor teeth of the left side, and the under lip at the left angle of the mouth. Superficial abscesses also formed beneath the scalp and upon other parts of the body. At the expiration of about five weeks from the commencement of his illness, and while gradually recovering from the debilitated condition consequent upon mercurial cachexia, he was attacked with symptoms of croup, of which he was temporarily relieved by appropriate remedies. In a few days, however, the disease re-appeared with increased violence, and notwithstanding the judicious and skilful treatment employed, it advanced steadily towards a fatal termination. Under these circumstances, I first saw the patient on the 8th July, at 1 o'clock, P. M., at the request of his attending and consulting physicians, and found his condition as follows.

He lay in a horizontal position with his head thrown backwards, and breathing with great effort, each inspiration being accompanied with a loud, hoarse, metallic sound. His countenance was anxious, his pupils dilated, and his eyes had a wild expression. The voice was reduced to a whisper. The skin was moist; the pulse, though frequent, was not irregular nor intermittent, and still retained a good degree of force. The respiratory murmur was audible and clear over the entire posterior part of the chest. The patient's situation was evidently one of imminent danger, and inasmuch as the disease had steadily advanced with only temporary abatement, during the preceding forty-eight hours, in spite of efficient treatment, the only

remaining resource that afforded a reasonable hope of relief was the operation of Tracheotomy, without which it was scarcely possible for him to survive many hours. The operation was therefore decided upon without delay, and performed as follows:

A folded sheet being passed round the body confining the arms to the sides and the patient placed so as to expose the neck favorably to the light, a longitudinal incision two inches and a half in length was made over the median line by dividing perpendicularly a transverse fold of skin, pinched up between the thumb and finger of the operator and an assistant. This incision extended over the lower half of the larynx and upper part of the trachea. The subjacent layers of aponeurosis were then successively divided, and the sterno-hyoid and thyroid muscles drawn to either side. The isthmus of the thyroid body being now brought into view was partly torn across at its upper edge, and partly pushed down till the three or four superior rings of the trachea were laid bare.

After delaying till all hæmorrhage had ceased, the opening into the trachea itself was effected as follows:—A transverse slit, one fourth of an inch in length, was made between the first and second cartilaginous rings; the lower edge of the slit was then seized with a clawed forceps and a triangular piece excised with scissors curved edgeways, the incisions commencing at either extremity of the slit and meeting below at the inferior edge of the fourth tracheal ring. At the instant of perforating the trachea the air rushed in with a hissing sound, and as soon as the opening was completed, respiration was promptly established through it, and in a short time became tranquil and easy. No embarrassment occurred from hæmorrhage into the trachea at the moment of opening it, the precaution having been taken to delay the opening until the flow of blood had ceased. The convulsive cough consequent upon establishing a new passage for the air to and from the lungs was of short duration.

The rapid transition from extreme distress and anxiety to a state of tranquil repose and comfort, was scarcely less gratifying to those who witnessed it than agreeable and welcome to the patient himself. His countenance lost its wild and anxious expression, and became calm and natural. Directions were given to wipe away promptly the viscid secretion from the wound whenever coughing occurred. At 9 o'clock, P. M., we found our patient had slept quietly most of the time since the operation, and his breathing had con-

tinued perfectly easy. Fearing lest the tracheal opening should become contracted by the swelling of the edges of the wound and the accumulation of the viscid secretion around its orifice, a full sized canula of the ordinary shape was introduced and secured in place by a tape tied round the neck.

July 9th. Patient had passed a quiet night. Respiration continued easy and other symptoms were favorable. Removed the tracheal tube, and after cleansing it of the tough viscid secretion lining the inner surface, replaced it as before.

11*th.* Progress still favorable. The rapid accumulation of the viscid secretion upon the inner surface of the tube rendered it necessary to cleanse it twice in twenty-four hours. On exploring the top of the larynx with the forefinger passed back into the fauces, the aryteno-epiglottic folds were felt to be very much swollen, soft, and pulpy. The epiglottis itself was normal. Applied a solution of nitrate of silver to the larynx by means of a curved whalebone probang.

12*th.* Increased the strength of the solution to one drachm to the ounce, and applied it daily. The continuance of the obstruction of the larynx without perceptible abatement showed conclusively what would have been the result of the disease if the operation had not been resorted to.

14*th.* Some diminution of the obstruction in the larynx seemed to have taken place. In closing momentarily the tracheal opening, patient was able to breathe once or twice through the natural passage, but not without great effort.

The application of the nitrate of silver was continued till the 30th, when it was suspended for three weeks, the tube in the meantime being changed twice in twenty-four hours.

September 1st. Still further improvement has taken place. Patient could count up to thirty, and breathe a few times uninterruptedly through the larynx.

5*th.* A sudden change of weather having interrupted his improvement since the previous date, patient was now again regaining what he had lost. Ordered iodide of potassium in solution, two and a half grains, three times a day. Stopped applications to larynx.

In the month of October following, this patient was seen, and his condition ascertained to be very much the same as when exhibited to the Academy.

ART. VIII.—*Vesico-Vaginal Fistula.* By GEORGE HAYWARD, M. D. In pamphlet form.

We have just received a pamphlet with the foregoing title, which was originally published in the Boston Medical and Surgical Journal. Dr. Hayward reports twenty operations performed upon nine patients, one being operated on six times, another five, two twice, and five once. In three cases the operation was entirely successful, in five the patients found great relief, so that the urine could be retained several hours, while in two no benefit was derived from it.

The operation, of which we design to speak more at large hereafter, is performed somewhat differently by Dr. Hayward from that by M. Jobert, of the Hotel Dieu, at Paris. The main points, however, are the same. The success of Dr. H. is decidedly encouraging and unquestionably justifies a resort to the operation for the relief of one of the most distressing and disgusting affections to which the human female is liable.

We have also received the following works, a further notice of which is necessarily deferred for the present:

On the employment of Water in Surgery. By Alphonse Auguste Amussat, of Paris. Translated from the French by Frank H. Hamilton, Prof. of Surgery, in the University of Buffalo.

VALEDICTORY. By W. E. HORNER, M. D., Professor of Anatomy, University of Pennsylvania, April, 1851.

Experimental Researches Illustrative of the Functional Oneness, Unity and Diffusion of Nervous Action, &c. By Bennett Dowler, M. D., of New Orleans.

A New Sign Language for Deaf Mutes. By Albert J. Myer, of Buffalo, N. Y.

The twenty-seventh Annual Report of the Officers of the Retreat for the Insane, at Hartford, Connecticut, April, 1851.

Report of the Eastern Lunatic Asylum in the city of Williamsburg, Virginia, 1851.

Essays on Asylums for Persons of Unsound mind. By John M. Galt, M. D., Superintendent and Physician of the Eastern Lunatic Asylum of Virginia, at Williamsburg.

ART. IX.— *Transactions of the Belmont Medical Society for* 1850–51. Published by the Society. 12mo. pp. 92. Bridgeport, J. G. Affleck, 1851.

This neat little volume, being one of a series already published, reflects great credit upon the Belmont county medical profession. We know of no county Medical Society in the State of Ohio which has been so energetic and self-sacrificing in their organic capacity as this. Its meetings are regularly held and attended, and before it are read papers of the most creditable character, which add much to the literature of our profession.

In the present volume we observe four essays: "On Nutrition and Want." "Importance of the study of Botany." "Diseases of the Teeth;" and "Organization of the Human System and its Alterations." These are followed by the history of five cases, and two Reports. One on "Quackery," and the other "On Improvement in Medicine." We hope our Belmont friends will not weary in well doing. They are certainly setting an example worthy of imitation by their brethren of the entire State.

PART FIFTH.

EDITORIAL AND MISCELLANY.

RETURN OF THE EDITOR.

It is not a little gratifying after an absence of nearly six months from our post, to be able to offer personally with our own hand our salutations to the readers and friends of the Ohio Medical and Surgical Journal. We are happy also, in the consciousness, (if we may be allowed to speak thus much of ourself,) that amidst the fascinations of sight-seeing, and the excitement attendant upon the rapid transition from one thrilling scene to another in a foreign land, we have not in the least abated our zeal for the honor and advancement of our own beloved profession at home. We return to our duties with pleasure, and to a renewal of our acquaintance with our patrons, which has afforded us heretofore so much enjoyment.

In the May and July numbers of our Journal, we gave some account of our European tour, so far as our voyage across the Atlantic, and the London Hospitals, Profession and Schools were concerned. It was our intention to have given another communication for the present number, relating more particularly to incidents in our Continental excursion. As Paris is now the great focal point to which many American students of all ages resort for professional improvement, we think it would not be uninteresting to our readers to give an outline of some of the advantages to be enjoyed there, and a few directions for the guidance of those who design spending a season or two in that beautiful metropolis. But sickness in our family, the fatigues of constant travel, and the press of various avocations have absolutely prevented the accomplishment of these designs. We hope in a future number to be able to take up this subject, and to impart something of the kind to our friends not entirely devoid of interest.

Our grateful acknowledgements are due to Dr. S. Hanbury Smith, Superintendent of the Ohio Lunatic Asylum, for his efficient aid in conducting the editorial department of this Journal during our absence, and also to our contributors for several valuable original communications with which our pages have been graced.

A New Volume. — The present number commences the fourth volume of the Ohio Medical and Surgical Journal. The increasing number of our subscribers, and the manner in which they manifest a disposition to sustain its publication, encourage us in the prosecution of the work. The three volumes already issued contain a vast amount of valuable matter, contributed mainly by members of the Ohio profession, which adds materially to the general stock of Western Medical and Surgical Literature, and to which reference can always be avantageously made. There are, however, several of our friends who have not paid for the third or last volume, and we regret to say there are a few who have not paid a dollar since their names were added to our subscription list. *Gentlemen*, this business of *dunning* we dislike exceedingly, and we do not intend to do it. We only wish to say all that is necessary to be said to gentlemen, that if

you do not send us the amount of your subscriptions to defray the necessary expenses of the Journal, we shall have to foot the bill ourselves! May we not hear from you soon?

STARLING MEDICAL COLLEGE.

The desire on the part of the friends of this Journal, and of the Medical College located in our city, to know something of its condition and prospects, renders it unnecessary to make any apology for transfering to our pages the following article written for the Ohio Statesman, by a gentleman of high professional standing.

"This Institution, as all know, is located in Columbus, the "Capital City;" and it has now arrived at a period in its history that in many respects entitles it to a passing notice.

THE NEW EDIFICE,

founded by the liberality of the late Mr. STARLING, so far as ornament to the city, architectural skill, and adaptation to the purposes for which it is designed are concerned, is a work that will not fail to impress every one favorably who will be at the trouble to give it an examination.

Located on East State street, a very desirable part of the city, it presents a commanding appearance, and, as a consequence, attracts the notice of all visitors to our place who have any relish whatever for things fine in Architecture. The front of the edifice looks to the North; it is 135 feet long by 120 feet in width. The building is divided into *three sections*, each having its own entrance, buttress, gable and tower. Entering the central door-way, we come into a large hall, with two rooms on each side, intended for reception rooms. This communicates on the South with a corridor running East and West connecting the East and West sections, and also communicating with two main stair-cases, which start in the basement and extend to the top of the building, each terminating in a tower, one of which is 105 feet in height. These halls and stair-ways communicate with every part of the building in a very convenient manner. The rooms are numerous and well adapted to the diversified wants of the Institution. The east section contains on the first floor a library and reading room; on the second a museum, to which is attached

a fine gallery; on the third a room 44 feet long by 25 wide, finished off and ventilated in a very superior manner, for the study of practical or descriptive Anatomy. The *middle* section contains the Lecture rooms, the Faculty rooms, &c., the former of which will each seat about 450 students. The west section is fitted up for the family of a Janitor, and also for a hospital. In every department the rooms, halls, and stair-ways are well lighted by windows, and susceptible of the most perfect ventilation. The roof is covered with tin, from every part of which the water is collected into a common reservoir on the top of the building, from whence it is conveyed by pipes to all the various rooms, and at last discharged into a sewer in the basement, which leads to the river. The whole building will be heated by a furnace in the basement.

The *Order* of Architecture which obtains in this edifice is *unique*. No one, of either ancient or modern origin, is with any constancy observed in the construction. The architect, Mr. Sheldon, appears to be a man of genius, and he has, by combining some of the most tasty and useful elements of several orders, ancient and modern, succeeded in constructing an edifice that must hereafter take the character of a model of buildings designed for similar purposes.

The edifice is not yet fully completed. The work, however, is progressing rapidly; and, from a personal examination of its progress, made a day or two since, we feel warranted in saying that it will be in readiness to accommodate in a very comfortable manner the class of the ensuing session. Indeed, at the present moment, most of the essential rooms are within a few days of completion; and students, as a consequence, at a distance, may expect, on coming to Columbus this winter, to hear the lectures delivered in the *new edifice*, the STARLING MEDICAL COLLEGE.

Of the Faculty of this school, it is scarcely necessary to say any thing. To the profession of the "*Interior Valley of North America*," we think its members are favorably known as teachers. In the prime of life, with some considerable experience in teaching, and imbued with a just sense of their vocation, they will be likely to avoid the follies of youth and the dogmas of age, give thorough courses in their several departments, and infuse into their pupils that kind of zeal that will make them active and industrious after they have left the walls of the College, which of all other things is the most essential to success in the profession.

Besides the inducements offered by Starling Medical College for a winter's residence in Columbus, the Public Institutions of the State—the Asylums, the Legislature, and the Penitentiary—will afford much to students of medicine for observation and reflection during their hours of relaxation from the labors strictly collegiate. Here, indeed, may be witnessed, on an extensive scale, the diseases of the mind, from the slightest aberration to the most complete absence of any thing like a faculty; here also may be seen that large class of persons who are laboring under a destitution of one or more of the senses; and lastly, here may be seen, brought together in a very small compass, those who represent the vice and crime of our State. To the affections of each of these classes, a kind of *treatment* is instituted, physical, mental, moral, or medical, that cannot be otherwise than full of instruction to young men just laying the foundations of a Medical education.

In conclusion, we bespeak for the profession, particularly of the West, a consideration of the claims of Starling Medical College to a continuance of patronage; and we feel that we do this with the more propriety, inasmuch as we have but a common interest with the mass of them at large in its success."

A PHYSICIAN.

COLUMBUS, SEPT. 5, 1851.

A Scotch paper says that at the last examination of candidates for the degree of M. D., in the University of St. Andrews, a Mr. Robert Hale, from Norwich, presented himself for examination, and obtained his diploma; but it afterwards came to the ears of the Senatus Academicus, through the medical press, that this gentleman was and is a homœopath, practicing at Norwich. The Senatus accordingly requested him to return his diploma. The homœopath, however, refuses, and we understand that the Senatus will commence proceedings against him.—*(Albion.)*

This is as it should be. We look upon the obtaining of a diploma in a regular school, in order to practice homœopathy under the mantle of the degree of M. D. so conferred, as only *less criminal* in a moral point of view, than the being ordained to preach the gospel, and then mounting the pulpit to disseminate the doctrines of infidelity.

Bleeding from the Temporal Artery in Typhoid Fever.—Jno. B. Evans, M. D., of Ross Co., Ohio, writes us, that during an epidemic of typhoid fever which prevailed in the fall and winter of 1846–7–8, in the north-eastern portion of Ross county, he adopted the practice of bleeding from the temporal arteries in a great number of cases, and had the satisfaction to see nearly all recover, a result vastly more fortunate than that which followed any other plan of treatment which he had previously employed. Many of the cases in which he used this remedy were exceedingly unpromising and desperate, and some of them far advanced in the disease, and greatly prostrated, as well as comatose and delirious. What seemed to be quite remarkable was, that one or two free bleedings certainly contra-indicated by every rational sign and symptom, not only did not increase the existing prostration, but seemed actually to be followed by an increase of the patient's strength and vital energies. This treatment, practiced at first somewhat empirically, proving successful, it was adopted in most of his cases subsequently, with the happiest effects. We would like to know of the doctor how many cases he treated in this way — how much blood was drawn as a general rule, and what were its immediate effects upon the head symptoms, coma and delirium. Such facts definitely stated, may be of great advantage to the profession, and to suffering humanity.

Epidemic Diseases of Ohio, Indiana and Michigan. — At the late meeting of the American Medical Association, the undersigned was appointed chairman of a committee to report upon the Epidemic Diseases of Ohio, Indiana and Michigan, at the next meeting of the Association, to be held in Richmond, Va. In fulfilling the objects of this appointment, it is desirable to make the reports as full as possible; and to do this, the co-operation of the profession in these States is most earnestly requested.

Information, therefore, is especially desired on the following subjects:

Epidemic Cholera,	Typhus and Typhoid Fever,
Cholera Infantum,	Hooping Cough,
Diarrhœa,	Influenza,

Dysentery,	Measles,
Erysipelas,	Scarlet Fever,
Intermittent & Remittent Fevers,	Small Pox, &c., &c.

Any other form of disease, appearing as an epidemic, will be understood as being included along with the above.

The points of greatest interest, to which attention is particularly invited, are causes giving rise to and favoring the propagation of a disease, or checking its progress. Prophylactics, Influence of Age, Sex and Nativity; Prominent Symptoms; Extent of Prevalence; Proportionate Mortality; Post Mortem appearances; Treatment, and any other points that may in any way bear upon the disease; such as Soil, Natural Productions, Condition as to Improvement, Water, Changes, &c., &c.

The time, up to which we prefer having the report made, is March 1st, 1852, extending back for one year, or if any remarkable visitation of disease should have occurred previous to that time, an account of it will be acceptable, carefully designating the date of iis occurrence. It is desirable that these reports from the profession, should be promptly made after that date, so as to be in the hands of the chairman by the 10th of March, at farthest.

It is to be hoped this appeal to the profession will not be made in vain; and that every member will feel himself called upon to contribute something to the general fund of knowledge on these subjects.

GEO. MENDENHALL, M. D.,

Chairman of the Committee of the Am. Med. Association on the Epidemics of Ohio, Indiana and Michigan.

To the Medical Profession of the United States:—The undersigned having been appointed, at the last meeting of the American Medical Association, Chairman of the committee on the "Results of Surgical Operations in Malignant Diseases," respectfully solicits contributions to the subject, founded upon personal observation. To place the subject in as tangible a form as possible, he begs leave to direct attention to the following points:

1. The difference between cancerous and cancroid diseases, or those affections which are truly malignant, and those which are only partially so. In the former category are comprised scirrhus, ence-

phaloid, and melanosis ; in the latter, certain maladies of the skin and mucus tissues, as lupus, cheloid, eiloid and cancer of the lip.

2, The precise seat of the disease, as the skin and subcutaneous cellular tissue ; the eye, ears, nose, face, lips, tongue, salivary glands, jaws and gums ; the lymphatic ganglions of the neck, axilla, groin, and other regions ; the mammary gland, uterus, ovary vulva and vagina, penis and testis ; the anus and rectum ; and finally the extremities.

3. The age, sex, temperament, residence, and occupation of the patient.

4. The cause of the disease, its progress, and the state of the part and of the system at the time of the operation.

5. Mode of operation ; whether by the knife, caustic or ligature.

6. Time of death, or relapse, after operation.

7. Examination of the morbid products ; how conducted — whether by the unassisted eye alone, or by means of a microscope, and chemical tests.

The undersigned hopes that the importance of the subject confided to him, as chairman of the committee above referred to, will be sufficiently appreciated by his professional brethren to induce them to aid him in carrying out the wishes of the American Medical Association. The subject is one of absorbing interest, and cannot fail, if properly treated, to elicit matter of the greatest benefit. It is very necessary that all communications upon the subject, should be sent to the chairman of the committee by the first of January, 1852.

Medical journals and newspapers friendly to the interest of medical science, will confer a favor upon the undersigned by inserting the above notice. S. D. GROSS, M. D.

University of Louisville, June 29, 1851.

We have received a pamphlet with the following title :

"The Practice of taking Blood in Diseases contrary to Common Sense, to General Experience, to Enlightened Reason, and to the manifest Laws of Divine Providence."

The first thing that stares us in the face, on the first page, is a PETITION AGAINST BLOOD-LETTING, presented by Wm. Turner, M. D., to the Legislature of the State of New York. Then follow extracts from newspaper editorials, &c., and the "LECTURE IV.," con-

taining a greater amount of tom-foolery, in the same number of lines, than we remember to have read this many a day. This lecture (!) appears to be by Dr. Samuel Dickson, of London, author of "The Fallacies of the Faculty," "Principles of the Chrono-Thermal System of Medicine," &c. More extracts from newspaper puffs of Dr. Turner, concluding with a copy of a recommendation of the learned Doctor, as a fit person to be appointed Health Commissioner of New York, signed by a number of M. D.'s. Comment is unnecessary.

OBITUARY.

Death of Dr. Morton.—Dr. Samuel George Morton, of Philadelphia, died on the 15th of May last, of Apoplexy. By his great erudition, and contributions to the literature of the profession and to different departments of Natural Science, this distinguished member of the medical profession has been for many years known to the world. His work on the "Fossils of the Crecaceous Group," his "Crania Americana," "Crania Egyptica," and his contributions on the subject of Hybridity, his "Illustrations of Pulmonary Consumption," and his "System of Human Anatomy," have long since placed him among the most learned and authentic writers of the English language. The profession of which he was a distinguished ornament, will mourn his early death, and Science will feel the loss of an able expositor.

Died, in the 57th year of his age, in the city of New York, at his residence, John B. Beck, M. D., Professor, &c., in the College of Physicians and Surgeons of that city. The New York Journal of Medicine says, that "It is with no ordinary feelings that we announce to our numerous readers the death of this distinguished member of the profession—one who was endeared to us by every tie of friendship and respect, and one who occupied a position in the hearts of his fellow-citizens, and the profession, truly enviable, and which it will be difficult to fill. For some time past Dr. Beck had been gradually failing in health, and even to the casual observer it was easily to be seen that he was slowly yet perceptibly approaching that state "from whose bourn no traveller returns;" still, notwithstanding these premonitions, no one could be prepared for his departure hence. For almost twenty-five years he has occupied a professional chair in the College of Physicians and Surgeons."